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ART. I.—*St. Louis Hospital Reports. No.* 1. By M. L. LINTON, M. D., Professor of Obstetrics in the Medical Department of the University of St. Louis.

I propose under the above caption to detail, in as concise a manner as possible, some of the more interesting surgical cases treated by Professor Brainard, of the Medical Department of the University of St. Louis. I proceed then directly to my task, and *first* to two cases of ununited fracture of about twelve weeks standing, treated by the starch bandage, *or immoveable apparatus.*

One was a fracture of the humerus just below the insertion of the *pectoralis major.* It had been treated by the ordinary method—wood splints, &c.—without success. A simple roller was now applied to the arm; four pieces of book-

binder's pasteboard moistened were placed over the roller, the *outer* piece of pasteboard extending to the tip of the shoulder. On these was spread a coating of dissolved starch; and another roller, imbued with the same, applied over the pasteboard. A simple roller binding the arm to the body (a thick compress having been placed between them) completed the dressing. I should remark, however, that two wooden splints were applied, to remain until the starch should dry, when they were removed—the apparatus becoming *so firm* as to deserve the epithet "*immoveable.*" At the end of seven weeks this apparatus was removed, when consolidation of the fracture and the form of the member were found to be perfect.

The *second* was a case of compound fracture of the tibia, accompanied by extensive laceration of the soft parts. This had been treated by the *fracture-box* until the *opening* and the injuries of the soft parts were healed. The immoveable apparatus was applied as before; two layers of the dry roller being applied next the skin. This case was not so fortunate. At the end of six days the member became painful; the apparatus was removed; and several ulcerations at the points of injury were observed. In his observations on these cases, the Professor remarked that they were well calculated to illustrate the advantages and disadvantages of the immoveable apparatus, about which so much had been lately said. In the first case, the skin being intact and the bone covered by soft parts, no ill effects occurred, and the cure was effected with a facility afforded by no other method. In the second the bone was but slightly covered with soft parts, and neither these nor the newly formed cicatrices were able to resist the pressure of the apparatus. It is recommended to leave openings in the apparatus corresponding to the ulcers, or to the openings in the soft parts in compound fractures; but even with this precaution it is difficult sometimes to prevent the formation of ulcers and the discharge of thin secretions beneath the bandage. Still the apparatus must not be blamed on account of *occasional* ill effects. When applied over recently formed tissues, or bony projections, these should be

guarded by compresses of lint or cotton. But even with all these precautions bad effects *may* follow: thus the Professor had seen a case in the wards of Velpeau, in which a *simple* was converted into a *compound* fracture of the tibia, by the pressure of the extremity of the bone against the unyielding bandage; and death was the result.

Applied with caution and discrimination, it is invaluable in a great many cases—ununited fractures of the neck of the femur, or through the trochanters, are of this kind, whether the object be to effect a bony union or simply to allow the patient to walk about (on crutches) without great pain. The pieces of pasteboard in these cases should extend from the knee to the crest of the ileum, and the roller should be applied firmly around the pelvis as well as thigh. In a case of this kind, in which the patient was kept on his back until his health was so much impaired as to excite apprehensions for his safety, the apparatus thus applied enabled him in less than two weeks to walk about on crutches; the forces of the system were gradually restored.

In chronic cases the application of the damp rollers is liable to be followed by rheumatic inflammation. This should be guarded against by the sparing use of the starch, and by the use of warm applications until it is dried.

Case III.—*Varicose veins treated by needles and ligature.* The subject aged fifty-five years, had varicose veins of both legs attended by chronic ulcers. This case was of twenty-six years standing. The Lecturer remarked, that the propriety of attempting the radical cure of varicose veins had been called in question by many surgeons; it had also able advocates. This conflict of opinion had, he thought, arisen from the confounding of two different states of the veins. Varicose veins are produced by the obstruction of the venous canals to a *partial extent*, as is observed in pregnancy—varicose states thus induced, or by similar causes, are distinguished by a knotted appearance which arises from the hypertrophy of a portion of the circumference of the vessels; these enlargements appear first at the valves; increasing, the valves are

forced and give way, the upper ones first, the lower ones as the disease advances. In the case before you, said the Professor, if you place your finger upon these enlarged branches below the knee, and then give a quick stroke upon the *saphena* where it dips down to join the femoral vein, you will feel the shock *below*, showing that the valves are imperfect. There is another class of enlarged veins, produced by the perfect obliteration of certain important venous trunks. The collateral veins enlarge to supply their place; these latter are hypertrophied in every sense of the term, and, when superficial, can be seen running in a serpentine or zigzag manner under the skin. He had seen an example of this vicarious enlargement in the service of Cruveilhier, in which, from obliteration of the ascending cava, the subcutaneous abdominal and thoracic veins were enormously enlarged; and another in private practice, in which the same result followed obliteration of the *saphena*. The difference between these kinds of cases is obvious: in the first, the circulation is retarded in the enlarged vessels; in the second, it is increased, these latter deserving the name of *suppleant* or vicarious veins. It would be bad practice to obliterate these; the former only call for an operation. But would it not be better to confine our efforts to palliatives? say the roller, laced stocking, and starch-bandage! The gravity of the disease and the great length of time required for such means to effect any thing, prevent us from hoping much from them. Let us examine then the different modes of obliteration. We pass over the ligature, excision, &c., as practised by the older surgeons, and come directly to the two favorite methods of the present day, viz: *the caustic* and *the needles with ligatures*. The latter of these methods is principally advocated by Velpeau. He passes a needle behind the vein and embraces it with a thread, as in the twisted suture, *so firmly as to occasion a sloughing* of the comprised vein and integuments. This usually causes but little pain or inconvenience. In twelve hundred cases operated in this way by Velpeau, but *one* death has occurred. The former method, practiced by Berard at the Neckar Hospital,

consists in the production of the slough by the use of the potassa fusa, or the potassa cum calce. In both methods the same result is arrived at—the vein is obliterated. Berard already (eighteen months since) boasts of one hundred cases treated in this way, without one death. But, added the Professor, in visiting his wards I observed numerous cases of troublesome abscess, clearly the result of this mode of treatment. For this and other reasons I prefer the method of Velpeau. The Professor then operated as already indicated, placing the needles under the two principal trunks of the enlarged veins. At present, after four weeks, the veins are obliterated and no ill effects have followed.

January, 1843.

ART. II.—*Amputation of the Right Arm at the Shoulder Joint.* By T. A. TELLKAMPF, M. D., of Cincinnati, Ohio.

Feb. 5th, 1842. Anthony Newhouse, aged twenty-five, and of healthy and vigorous constitution, a workman in Mr. W's. steam-brewery near this city, got entangled in the connecting cogs of the large transverse wheels of the machinery of the establishment, was drawn in between them, and pulled through to the other side, where he was soon after found. The bones of the right hand were almost entirely crushed; the muscles of the forearm were torn and lacerated, and bore the marks of the cogs; the arm was broken and crushed in its central portion, the splinters of bone projecting here and there—forming almost an indistinguishable mass of bone, muscular substance, muscles, nerves, bloodvessels, &c. The nerves and vessels were to some extent isolated. The upper and lower extremities of the humerus were both split, the fissure extending into the joint, as was ascertained by motion. Besides these, the patient had received other and severe injuries. The skin and muscles along the right side down to

the pelvis (upon the edge of which the wheels had apparently rolled off) bore the marks of the cogs; three ribs were fractured; and there were wounds from four to eight inches long in the abdominal parietes, some of them penetrating to the peritoneum. The patient was removed to a house adjoining the brewery, where on my arrival, I found him, faint from pain, not from hemorrhage of which there had been little. As there was reason to apprehend tetanus from the increasing sensibility of the patient, with the assistance of Dr. Emmerth, who was with the patient when I arrived, I prepared for operating on the arm immediately, amputation at the joint being evidently the only remedy that could be adopted.

The patient was put in the proper position and some of his fellow workmen directed to hold him. Dr. E. compressing the subclavian artery, I drew the arm a little outwards from the body, and passing the knife over the shoulder, I cut first downwards from the top of the shoulder on its upper and outer surface to about the point of insertion of the latissimus dorsi and teres major muscles; thence returning with it in the same cut to about two finger's breadth below the acromion, I passed downwards and inwards on the arm towards the point of insertion above named, and to within about two finger's breadth of it. With this nearly circular cut, the skin and all the muscles of the arm at the shoulder were severed and the socket laid bare; passing back in the wound, the socket was fully opened. Raising the arm up out of its socket and passing the knife over the head of the humerus, the remaining portion of the ligaments and the muscles underneath were cut, and then nothing remained but to sever the part of the skin left uncut between the ends of the first named nearly circular incision, which I did from without. I have followed in this the method of Langenbeck, who first introduced and applied it in Germany, and gave the operation the name of extirpation of the humerus. The time required is about half a minute. The wound that is left forms a perpendicular line.

The arteries and veins being secured, after a little I dressed

and bandaged the arm, using sutures secured by strips of adhesive plaster. It is not necessary to give details of the subsequent treatment. The patient was placed in such a position as to keep the fractured ribs in apposition. Some tendency to cough was manifested; he complained of great pain in the right side of the chest and abdomen, and in the region of the kidneys particularly.

The following day (*Feb. 6th*) the wound was a little swollen, not painful; slight cough; the pains in the right side of the breast and abdomen increased.

Feb. 7th. The face flushed, pulse full and soft; tongue coated; no pains in the breast; breathing freer; no blood was raised with the phlegm from the cough; severe pains still in the right side of the abdomen, none in the left; bowels loose; urine brown, clear and without sediment.

Feb. 9th. The wound of the arm was healed about two-thirds down from the shoulder; moderate discharge of pus from the lower part of the wound. I found one of the wounds in the side discharging serum and pus from near the os sacrum, and the probe could there be introduced about four finger's breadth in the direction of the kidney; urine still clear and without sediment. Suppuration under the contused skin of the abdomen very copious; the most contused parts commenced mortifying, to which warm aromatic poultices were applied from the beginning.

Feb. 14th. Copious discharge of serum from the above named fistula: a seton applied, and after two or three days no serum flowed out; I opened this and several other fistulous canals with the knife.

Feb. 16th. The patient free from pain, and the suppuration under the skin of the abdomen very free, but favorable.

The first ligature of the shoulder was removed on the 18*th*, (thirteenth day from the injury). The patient improved gradually and equably. Upon the sloughing off of the skin of the abdomen, I had it dressed twice daily with lint. The only drawback to his recovery was his endeavoring (March 10th) to heal up the the suppurating surface on the abdomen faster than I had intended, by using of his own accord a solu-

tion of nitrate of silver I had formerly used on the other parts, and the favorable effect of which he had noticed. This checked the suppuration, brought on pains in the abdomen, and caused a swelling of the left leg. By reproducing the secretion, these symptoms passed off and the patient recovered rapidly. A generous, nourishing diet was directed for him, to keep up his strength whilst suppuration lasted. The wound of the arm was healed about the 5th of March. In the beginning of April, when the wounds of the abdomen were almost healed up, I applied two setons on the breast. The latter wound left a smooth surface, no folding of the skin so as to inconvenience him at all in walking or otherwise. He has regained his usual health.

March, 1843.

ART. III.—*Cases of Tardy Fecundity.*—Translated from a French manuscript* for the Western Journal of Medicine and Surgery. By DANIEL STAHL, M. D., of Vincennes, Indiana.

Fecundity of a man 99 years of age.

John Moulard of Berri, died in 1710, at the age of 110 years, almost sound in feeling and judgment. He had married 10 wives, the last at the age of 99 years, she being 18 years old. Two years after she had a son.—*Almanach des Centenaires* of the year 1761, p. 67.

of a man at 100.

A peasant died at Sinkoping, in Sweden, at the

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*I received this manuscript from a highly valued and now departed friend, who, while pursuing his medical studies at Paris, collected the above cases. Exchanging subsequently the ministry of the body for that of the soul, I feel some delicacy in giving his name to the public, which moreover is the less necessary, as the reader, in most of the cases related, can refer to the sources whence they have been derived.

age of 108 years; was married to the third wife at the age of 100 and had a son from that marriage.—*Journal de Verdun*, 1754, p. 103.

Fecundity of a man 92 years of age.

Antoine Nonathac, in Limausin, died in 1757, at the age of 115 years; married three times; the second time at the age of 92, from which marriage he left some children; and the third time at 102 years.—*Affiches de Paris*, 1758, page 191; *Gazette de France*, 1758, page 139.

of a man at 86.

Massinissa, king of Numidia, had at 86 years of age, a son born to him, named Metimnatus.—*Valer. Maxim.*, book 8, ch. 7.

of a woman at 59.

Mary Volmerange died at Metz, at the age of 100 years, in 1742, had 24 children, the last of which she had at the age of 59.—*Etrenne Mignon de* 1743.

of a man at 91.

Chevalier Bulstrade died at St. Germain, in 1711, at the age of 105; had 17 children, the last of which was born to him in his 91st year.—*Almanach des Centenaires*, 1761, p. 40.

of a woman at 106.

A woman of Carpentras, still had her catamenia at the age of 106 years.—*Memoirs of the Academy of Sciences.*

of a man at 105.

The Journal Encyclopedique of the year 1779, relates the case of a man then living at Tau, who at the age of 110 was very active (trés agile). He married at the age of 105 a young girl, who two years afterwards had a child by him.

of a man at 88.

In 1762, near Varlovie, at the place of Mr. Zaluski, Staroste of Goujeck, there died a peasant at the age of 157 years. At the age of 88 (after having lived 58 years with his first wife) he married again and had 7 children.

of a man at 82.

Jean Rovin died in Hungary, in 1740, at the age of 172 years; his wife was 164 years old. They lived together in wedlock 147 years. At the birth of their youngest son, the father was 82, and

Fecundity of a woman at 74. the mother 74 years old.—*Mercure de France*, 1756, p. 157; *Journal de Verdun*, 1740, p. 299; *Alman. des Centenaires*, 1761, p. 122.

of a man at 88 years of age. Pierre Zorten, of Hungary, died in 1724, at 185 years of age; had a son born to him at 88.—*Journal de Verdun*, 1740, p 299; *Mercure*, 1756, p. 157.

of a man of 80. A man 80 years old had his wife pregnant with the 6th child.—*Hobuken Epist.* 13.

of a man at 110 and one at 112 years. Two brothers cited by Buffon.

of a man at 70. This man gave no manifestations of puberty until be was 50 years of age; he was married at 70 and had 5 children, and died at the age of 120. *Buffon*, tom. 8, p. 132.

of a man at 90. A Spanish surgeon in the diocese of Comminges was married to his second wife at the age of 90 years, and became father of a very vigorous daughter (une fille trés vigoureuse). Died at 112 years.—*Gazette de France*, 1759, p. 60; *Affiches de Paris*, 1759, p. 12.

of a woman at 69. A woman of 69 years menstruated, but was sickly.

of a woman at 79. A nun menstruated at 79 years of age.

of a woman at 80. Two women of more than 80 years menstruated. Cited by Louis Courseur.—*Enc. Meth. Medicin.* tom. 2, p. 506.

of a woman at 67. Valesins has seen a woman having a child at 61 and continue to have them to the age of 67.

of a woman at 70. A woman in Avignon had a son at 70 years.—*Paré*, in folio, p. 623.

of a woman at 83. In the diocese of Seeze, a man of 94 years, married a woman of 83, and they had a son together. The Bishop of the Diocese, who knew them, cited the fact to the Academy of Sciences, and it is reported by his historian.—*Merveilles de la Nature*, art. *Fecundité*.

Fecundity of a man at 95, and a woman at 65. In the Journal Politique, of 1773, it is stated that the wife of Sieur Grant of Newri, aged 65 years, was delivered of a son; and to heighten the marvel of this circumstance, it is stated that the father, Sieur Grant, was 95 years of age.

of a woman at 60. A woman of 60 years was delivered of two sons (twins) at Sally, in Hungary.—*Extrait des Annales de la Republ. Francois, Journal du* 27 *Vendemaire,* an 7.

of a woman of 60. (Goulard has given the details.) A noble Venitian lady, was delivered at the age of 60, after a pregnancy of 15 months. (Two facts very apocryphal.)—*Nouvelles Observations sur les naissances tardives.* Paris, 1765, p. 95.

of a woman at 60, and a man at 70. *Goulard.* Another noble Venitian lady, aged 60 years, had a daughter by her husband, aged 70.—*Musa Epist.* 29, *t.* 2.

of a man at 80. Cato, at the age of 80, impregnated the daughter of one of his clients.

of a man at 100. Nicholaus, of Polavicene, had a child born to him at the age of 100 years.—*Ibid.*

of a man at 100. Leninius cites the fact of a man aged 100 years, who married at Stockholm a woman of 30, and had several children by her.—*Ibid.* p. 96.

of a man at 100. Platerus, Liv. 1. observes that his great father on his mother's side, aged more than 100 years, married a girl of 30, and had a daughter; and

of a man at 77. that his father, Thomas Platerus, married at 77 years of age, and had 6 children.
Ibid. p. 96.

of a man at 73. Segismund Polastre, a physician, who taught Philosophy at Padua, having had the misfortune to loose his 4 sons, married again at the age of 70, and had yet 3 sons. He died at the age of 94 years.—*Recueil d'Histoires de Simon Goulard.*

of a woman at 54. The Countess of Fiasque, had, at the age of 54, a daughter by her husband older than herself.—*Ibid.*

Fecundity of a woman at 67.

A woman who menstruated yet at 60 years of age, had 3 children after the age of 67 years. *Ibid.*

of a woman of 68, and a man of 78.

"The Countess of Chaumerai, aged 68 years, was delivered, on the twenty-ninth of November, 1797, of a hardy son, at Castillon, Department de la Dordogne; the father is 78 years old."—*Extracted from public papers of that date.*

ART. IV.—*Congestive Fever.* By M. M. PALLEN, M. D. of St. Louis, Mo.

Amongst the various forms of fever which prevail in the south-western part of the United States, there is none more entitled to the investigation of the pathologist than that which has been called Congestive Fever. The frequency of its appearance, and the ravages it commits, seriously demand that it should be studied with a view to ascertain its true nature, so as to enable us to meet it promptly, energetically, and skilfully. The investigation of disease requires something more than a mere observance of symptoms; it is necessary to trace those symptoms to their causes, to understand the pathology of morbid actions, and to apply judiciously our therapeutical indications.

Impressed with this view, the writer of this essay endeavored, during a residence of seven years in Vicksburg, Mississippi, to embrace the many opportunities he had of studying the nature of this formidable malady, and to ascertain the best method of curing it. The observations he has collected, although made in latitude 32° 30′ may not be inapplicable to a more northern one, as from the recorded experience of those who have seen the disease in various parts of the United States, he is induced to believe that it is essentially the same.

Symptoms.—The manner of the invasion of congestive fever varies. Some persons are taken down suddenly, without any premonition; others experience for a period, varying from one to four days, feelings of languor, lassitude, and the usual symptoms preceding other fevers; whilst in a third class, it will take the place of the cold stage of an intermittent, whether tertian, quotidian, or double tertian.

When the disease manifests itself, there is usually great depression of the muscular powers. The skin is of a pale ashy hue; it looses its natural elasticity, and if pinched up with the fingers, it will retain the form so given to it, being unable to regain its natural position. There is an icy coldness over the whole of the extremities, but some heat about the thorax and epigastrium; great restlessness—the patient tossing himself from one side of the bed to the other; when the intellect is not disturbed, the eyes have a peculiar expression of restless anxiety. There is great distress about the epigastric region, as if a weight were pressing on it. The respiration is hurried and oppressed, and the patient endeavors to assume the erect position in order to breathe freer. The pulse is small and frequent, and often very feeble. The tongue is paler than natural, covered with a thin white fur, and moist. There is usually nausea—sometimes vomiting. The thirst is intense. The bowels are generally loose, and the discharges are thin and of a dirty grayish aspect; if the liver be engorged, the dejections become reddish, and look like water in which butcher's meat has been washed. Such are usually the symptoms, when the encephalon does not bear the weight of the disease. But it sometimes happens that this organ is the first to suffer. In such cases the patient is seized at once with profound coma—the eyes are fixed—the limbs are rigid, and there is a total want of sensibility. Needles run into the skin provoke no evidence of being felt—the strongest rubefacients make no impression; the temperature of the surface is here also very unequal, the extremities being icy cold, whilst about the head and over the chest it is more elevated, The bowels

are not so liable to be loose as in other cases, but if so, the discharges are involuntary. The pulse is oppressed, intermittent, and sometimes almost imperceptible; respiration is performed with difficulty.

Such conditions as the foregoing will continue from eight to thirty-six hours, and, unless reaction be established, will terminate in death. If reaction come on, by the force of the vital energies, it will usually do so from three to eight hours from the commencement of the attack. The reaction however, under such circumstances, is very imperfect. There is some elevation of temperature over the thoracic and abdominal regions. The extremities lose their icy coldness, but do not attain a natural heat. The skin is dry, or else covered with a profuse and exhausting perspiration—the pulse is fuller than it was, but still weak, compressible and frequent. There is, however, a great abatement of the restlessness and the functional distress generally. This feeble stage of reaction lasts until the next paroxysm comes on—usually, however, this is not so severe as the first, and such a state of things might throw the practitioner off his guard. The third paroxysm is more severe than the second, as will the fifth be more severe than the fourth. In this manner the disease is analogous to a double tertian intermittent. Cases are sometimes met with, however, in which the reaction is not only complete but very violent. This stage of reaction lasts from twenty-four to forty-eight hours, then to terminate in a collapse from which the patient never recovers by the unaided efforts of nature.

Anatomical Characters.—The morbid appearances found in persons who have died from congestive fever are various, but they agree in showing an abnormal accumulation of blood in some of the viscera. In the cavity of the head we sometimes find the arachnoid membrane to be injected, and the vessels of the brain distended and engorged with blood.

In the thorax, the lungs are nearly always engorged, and when cut into, exhibit portions of a dark red or brown color.

In the abdomen, the mucous membrane of the stomach and duodenum is usually injected—presenting that dark vascularity to which the term venous congestion is applied. The intestines sometimes partake of the same condition—sometimes do not differ from their natural appearances.

The liver is frequently gorged with blood, presenting a purple appearance; the density of its structure is sometimes increased, but more often it is softened.

The spleen is always affected—there is an increase of its size and consistence—it is easily torn—its normal structure is destroyed, the interior being pulpy and of a reddish black.

Nature.—The nature of congestive fever can best be investigated by an inquiry into its proximate cause. The lesions revealed by the scalpel are too evidently the result of the disease, to induce the pathologist to appeal to them to elucidate the morbid actions which produce its phenomena. We must clearly then study the disease itself from its inception to its termination, through all its phases, to arrive at its true nature. By doing so we are led to believe that the proximate cause of congestive fever lies in an irritated and perverted condition of the nervous system. The morbific cause, whatever it may be, which produces the disease, exerts its influence on the nervous system, by which innervation is no longer distributed in a healthy and regular manner. The suddenness of the attack in many cases, followed by profound coma, the stertorous breathing, the insensibility to all kinds of irritants, the diminished temperature, unequal in different parts of the body, the great restlessness, the periodicity of the attacks in cases where reaction comes on, all point to the important parts which the nervous system sustains in the disease. The nervous fluid which it supplies to the different organs of the body, to enable them to perform their functions, is no longer sent out in an equable and healthy manner; the harmony of actions in the human system is broken up, the heart and arteries, and capillary system, no longer perform their duties; the circulation of the

blood becomes retarded, congestion of the internal organs takes place, secretions are arrested, or depraved; the capillaries no longer receiving their due supply of arterial blood, and innervation being perverted, calorification is altered and partially arrested—hence the diminished and unequal temperature.

Causes.—The predisposing causes of congestive fever are sufficiently obscure. They are unquestionably those which produce ordinary intermittent fever, but in a very concentrated state.

Congestive fever usually prevails in those localities where intermittent fever is rife; in fact, as has been observed above, a disease which commences as a well marked case of intermittent fever, will sometimes terminate in as equally well marked a case of congestive fever. Whenever this occurs it is in old persons, or those of an infirm constitution, or in habitual drunkards. We may well assume that congestive fever is nothing more than a malignant intermittent, with very little, or no power of reaction.

The exciting causes can be frequently traced to exposure to rain, when the body is heated and perspiring; more frequently it can be traced to the direct rays of the solar heat; hence in the south, laborers in the fields, and mechanics who work in the open air, are more frequently attacked than others. Often, too, it follows a simple remittent and intermittent by the abuse of evacuants; a powerful cathartic, which, by inducing large watery stools, prostrates the vital powers, converts those diseases into congestive fever. But this is really merely changing the quantity of disease.

Treatment.—Bloodletting has been highly recommended as a remedy of great value. It is supposed "to promote reaction by diminishing the load under which the heart and other vital organs are laboring." A little reflection however ought to convince us of the impropriety of this view. The morbid phenomena do not depend by any means on a mere physical accumulation of blood in the central organs. There is a previous cause which has produced the retreat of the blood

from the periphery, and which continues to act. This is the change wrought in innervation by the lethiferous influence of the agent which has impressed the nervous system. The congestion is not owing to the amount of circulating fluid. The system is not laboring under too much blood, but an unequal circulation of it. Withdrawing any quantity will not prevent this unequal tendency to particular organs. If an animal be bled to death, autopsic examination will show, that notwithstanding the amount of blood lost, in fact in consequence of that very loss, congestion of the brain has ensued. Every one who has been extensively engaged in the practice of obstetrics, has had an opportunity of seeing symptoms of a marked determination of blood to the brain in women who have suffered from profuse uterine hemorrhage. Clearly then, the diminution of the quantity of the circulating fluid cannot prevent congestion. It seems to be independent of the amount of blood in the system. When it follows the loss of blood, it results from a nervous irritation which itself is produced from that loss; thus exhibiting how intimately the nervous and circulatory systems are connected, and how they act and react on each other. It is not pretended to be denied that plethora may induce a condition that will produce congestion, but the manner of action in such cases is obvious. We can now see that bloodletting, if it is to act in this purely physical manner, is useless. But it is worse than useless. It is pernicious. What have been the results of experiments made to test the accuracy of Dr. Mackintosh's views of the use of the lancet in the cold stage of an intermittent fever? They show that the plan has a great tendency to convert the intermittent into a remittent or continued fever—a result always to be deprecated. If this be the result in many cases of simple intermittent, what can we anticipate in the malignant form, known as congestive fever? where the powers of life are so nearly overwhelmed, that the patient looks as if he were in the collapsed stage of Asiatic cholera! It is true that in many cases of simple intermittent fever bloodletting has been practised in the cold

stage with advantage. But such cases are easy of explanation. They arise in persons who are laboring under an inflammatory affection of some organ, and the congestion which ensues, as the result of deranged innervation during the cold stage, is accumulated upon this inflamed organ. In such cases, the increased hyperæmia might be productive of bad consequences—and in such cases the system will bear the loss of blood, in accordance with the general law which establishes a greater tolerance of bloodletting whenever an inflammatory diathesis prevails. Thus we often see persons of a weak habit of body bear the loss of a large amount of blood in some acute inflammation, which they could not do, even in a state of health.

In the present state of our knowledge it cannot for a moment be supposed that the phenomena of congestive fever are owing to the deleterious effects of the venous blood accumulated in the viscera. Researches have proved that venous blood enables the nervous system and the various organs of the body to preserve their vitality much longer than when the blood has been entirely withdrawn, and therefore it cannot be poisonous to the functions of innervation, &c. (*Influence of Physical Agents on Life,* by Dr. W. F. Edwards). In truth, if the pathology of the disease be a lesion of innervation, the nervous system being in a state of sedation and irritation, it would be as rational to bleed in the oppressed stage of it, as it would be to bleed in a case of violent concussion of the brain before reaction came on. Bloodletting by diminishing the amount of the circulating fluid lessens the probabilities of reaction, and thus increases the danger. But after reaction is established, it may be necessary to withdraw blood under circumstances and in the manner presently to be described.

The indication in the oppressed stage of congestive fever is, to rouse the nervous system so as to enable it to perform its functions. Remembering that although there is depression of the vital manifestations, there is also an irritated condition, in which the nervous fluid is unequalised and misdirected, we must resort to those remedies which are capable

both of stimulating and tranquillizing the nervous system. Steadily bearing in mind however the proneness of congestion to run into inflammation, we should avoid those stimulants which would be apt to create an inflammation after reaction came on. Fortunately however our art has afforded us remedies well adapted to this disease—and these are quinine and opium. The utility of opium in allaying the irritability of the nervous system is well known. Its use in cutting short the cold stage of an intermittent is beyond doubt—quinine has powers of exciting the nervous system with but little danger of lighting up inflammation. In addition to these, it is proper to use the cold dash, frictions, &c., in the manner now to be described.

If called to a case during the stage of depression, it was the custom of the writer to give about ten grains of the sulphate of quinine with a grain or two of opium, to be repeated every two hours until reaction came on. If the stomach was too irritable to bear this, it was used in injection, taking care that the vehicle should be so small in quantity that it would be retained; at the same time endeavors were made to restrain the irritability of the stomach by means of small pieces of ice (when it could be obtained), sinapisms to the epigastrium, the effervescing draught, &c.

In addition to the method of reaching the nervous system by remedies administered internally, its peripheric extremities so profusely spread over the cutaneous tissue were appealed to. With this view the cold dash was used. This remedy might seem in such cases less consonant with reason than bloodletting. To dash cold water over a person already so cold that his skin feels like ice might appear not rational. But when we remember how great an excitant to the nervous system the cold *doûche* is, its efficacy will no longer be doubted. Hence if one falls into a state of syncope, the first thing that suggests itself to the bystander's mind, is to throw cold water into the face. Hence too, when a patient is laboring under narcotism, the same remedy is universally used.

The method of applying the cold dash is to place the pa-

tient on the floor and having a tub of cold water at hand, and taking a pitcher full, to pour a stream over him, from an eminence of about six feet, taking care to move the pitcher so that the fall of water shall strike the head, thorax and abdomen, in rapid succession. Having continued this until signs of reaction are manifested, he is to be removed into bed enveloped in a blanket, and frictions are to be applied assiduously all over the body. This may be done with the bare hand, or with a piece of flannel or the flesh brush dipped into spirits of turpentine.

Under this treatment reaction is often established; if the stage of depression come on again, the same remedies are again to be used.

When reaction is established we are to guard against inflammation. This does not often occur. If, however, the disease has been ushered in with diarrhœa, and there is tenderness on pressure over the abdomen, the reaction is apt to be violent, and if not checked will terminate in a fatal collapse. Here is apt to arise a case complicated with enteritis. Under such circumstances we must rely on local blood-letting, emollient fomentations, and small doses of calomel, combined with opium and ipecac., administered at intervals of two or three hours. To this treatment the phlogosis will generally yield. Sometimes in persons of a plethoric habit, the brain seems to suffer after reaction. Here, the application of the cupping glass to the back of the neck, cold applications to the head, sinapisms to the feet, and mercurial cathartics, will remove the symptoms. Having subdued the local irritation we resort to quinine in sufficiently large doses to prevent the recurrence of the paroxysm. It may sometimes happen that we have reason to suspect local irritation, and yet dread the return of another paroxysm which may prove fatal. This happens in old persons, and in those of an enfeebled constitution. Are we to subdue the local irritation first and wait to give quinine? or to give the quinine before the local irritation is quelled? The writer's practice was, never to run the risk of a second paroxysm under such

circumstances—as soon as the first one was off he gave 10 grains of quinine, using at the same time extensive counter-irritation over the seat of the suffering organ. With this view a sinapism was applied until a deep redness of the skin was produced, and then a vesicatory was applied over the part. The quinine used in this manner never produced any bad consequences, whilst it averted the danger of a second attack.

In the large majority of cases, however, the period of reaction is not marked with any inflammatory condition. Our attention must be directed to keeping off the return of the paroxysm. We of course then use quinine fearlessly, and it is well to commence as soon as the stage of reaction has come on; because quinine is not a diffusible stimulant, and requires some time before its effects on the system are felt—at least it certainly requires that it should have been introduced into the system some hours before its anti-periodic effects are developed. In cases, therefore, which are not complicated with diarrhœa, we omit the opium given with the quinine in the stage of depression, and continue the quinine as before.

If diarrhœa should be present, which is often occasioned by irritation in the ganglionic system of nerves, whereby the balance between the exhalents and absorbents is lost, and a large quantity of fluid is poured into the intestines, we must continue the opium. When the reverse happens, and we have costiveness, it is necessary to keep the bowels open with mild cathartics and enemata. After the period of the anticipated return of the paroxysm is passed, it is proper to allow the patient generous but not stimulating diet, and vegetable tonics; as his health suffers from the effects of the disease for some time afterwards.

April, 1843.

ART. IV.—*A Case of Pneumonia produced by Asphyxia.* By G. W. BAYLESS, M. D., Demonstrator of Anatomy in the Louisville Medical Institute.

On the 17th of October last, I was notified to attend an examination of the body of Brayer, at the Louisville Marine Hospital. He was thirty-one years of age, had been laborer and boatman by occupation, and had generally enjoyed good health. It was said that both his father and mother had died of phthisis, but that no symptom of the disease had ever manifested itself in him.

According to the account given by those who took him to the Hospital, he fell overboard from a steamboat at the Vicksburg landing, about the 26th of September. After remaining some minutes under water, he was taken out, to all appearances lifeless; he lay totally insensible for several minutes, but, by some means or other, was finally resuscitated. He remained on the boat, which soon left for Louisville; and as he said himself, he was taken sick immediately. On the way, he had a dull pain in the left side, accompanied with cough and expectoration of some kind. He took no medicine on the way; the trip occupying about ten days. At the time that he entered the Hospital he was still laboring under the symptoms above enumerated, the expectoration being an opaque yellow mucus, sometimes presenting a rusty appearance. The ordinary physical signs of pneumonia, added to these functional ones, served to render the diagnosis of the case very plain. The treatment to which he was subjected in the Hospital, consisted of general and local bloodletting, blistering, the antimonial, and finally, I believe, the mercurial treatment. The above concise history of the case, is substantially that given by the attending physician, Professor Caldwell, just prior to the examination.

AUTOPTICAL APPEARANCES SIX HOURS AFTER DEATH.

Thorax.—Deposition of recent and imperfectly organized coagulable lymph over a great portion of the anterior part of

the left lung, producing slight adhesion. On the posterior part of the same lung there was also copious deposition of lymph, likewise recent, but more perfectly organized, and producing a stronger adhesion. Very near the apex of this lung, on its anterior part, was a flattened and somewhat circular cavity, about an inch and a half in diameter, which contained about a teaspoonful of pus. It was essentially a pleuritic abscess, and its walls consisted of pretty firm false membrane. On the posterior part of the right lung there was likewise a deposition of recent lymph, but not so copious as on the left side, and the adhesion was not so strong. The right lung was greatly engorged with blood throughout, and there was a circumscribed portion about the size of the fist, near the middle of its back part, in a state of hepatization. Some small black spots, of an apoplectic appearance, were also seen in the same region. The left lung presented, in its various parts, all of the three stages of pneumonia. Its anterior and inferior portion presented the deep engorgment with blood flowing freely upon incision, and the sligh increase of solidity, characteristic of the first stage. Another part was in a state of hepatization; and the remainder presented the softening and purulent infiltration of the tissue of the lung, which characterizes the third stage.* At the upper and back part of this lung, about four inches from the top, was a cavity about an inch in diameter, which was filled with dark venous and fluid blood. On three sides it was surrounded by a dark red, semi-solid substance, and on the other, by the pleura and false membrane only. It was a well marked instance of interstitial apoplexy. Several small spots of the same kind were also seen in the same region. The heart was in a healthy condition.

Abdomen.—No disease of any of its viscera.

Head.—There having been no indications of disease in this cavity it was not examined.

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* This is according to Laennec and others. Stokes divides the disease into five stages.

In presenting this case, it is by no means my purpose merely to show the ravages produced by inflammation on the surface and in the substance of the lungs; but to exhibit a somewhat rare instance of inflammation following asphyxia. I suppose that in this case, as is common in asphyxia, an accumulation of blood took place in the whole extent of the circulatory apparatus for venous blood; that from suspended respiratory movements, or from the failure of the unchanged venous blood (the air being excluded) to afford the proper stimulus to the radicles of the pulmonary veins, or from both these causes together, the accumulation commenced in these veins, that it then took place successively in the branches of the pulmonary artery, in the artery itself, the right ventricle, the right auricle, venæ cavæ, &c. Under this state of things, the right ventricle would necessarily (the exclusion of air continuing, and death not yet having taken place in the brain from its want of supply of arterial blood) force on its contents into the already distended pulmonary arteries, and the radicles of the pulmonary veins, until there should be produced a very great engorgement, if not absolute rupture, of them. The individual being then removed from the circumstances which brought on this condition of things, and respiration re-established, this engorgement of blood in the lungs would be dissipated slowly, and prove a source of irritation that would cause the development of all the inflammation and its consequences that we have seen. The congestion in this case, as the immediate consequence of asphyxia, was altogether different from that in ordinary inflammation in other parts of the body; and the inflammation was effected in a different manner. When inflammation is setting up in other organs, or in the lungs from other causes, the congestion is in the nutritious vessels of the part; but in this case there was a deep engorgement of the pulmonary arteries and veins, as the immediate consequence of asphyxia, and this, by mechanical distention and consequent irritation, invited a secondary congestion in the ramifications of the bronchial arteries, which last led on to the inflammation and its con-

sequences. As to the mode in which the various consequences of inflammation, which we found, resulted in this particular case, it would of course be superfluous to speak. They all took place in accordance with the well known laws of that morbid action.

It may be asked, did not the individual take cold, and was not the pneumonia produced, as ordinarily, by the impress of that agent? I reply, that two circumstances in the history of the case induce me to think not. First, that the accident occurred at a season of the year when pneumonia is not readily produced in a stout man by such an exposure to cold. Secondly, that he was taken sick *immediately*, which would not have been the case if cold had been the agent in the production of the disease; whereas the congestion of the pulmonary vessels is quite sufficient to account for his immediate indisposition.

May, 1843.

Bibliographical Notices.

Art. VI.—*A Practical Treatise on Venereal Diseases; or Critical and Experimental Researches on Inoculation applied to the Study of those Affections, with a Therapeutical Summary and Special Formulary.* By Ph. Ricord, M. D., Surgeon of the Venereal Hospital of Paris, Clinical Professor of Special Pathology, &c. Translated from the French by Henry Pilkington Drummond, M. D. Philadelphia, Lea and Blanchard: 1843. pp. 256.

Few members of the profession, who keep pace with its literature and its improvements, are unacquainted with the name of Ricord, in connexion with venereal diseases. By well directed study, and a series of happy experiments, he has done more perhaps than any living writer towards removing the obscurity that reigned over many important and interesting questions connected with those affections. As the result of his labors, we have a more rational pathology, a more exact diagnosis, and an improved system of therapeutics.

We have here his views presented in an English dress, which cannot fail to prove highly acceptable to the profession. Dr. Drummond has acquitted himself very well as a translator; for we have reason to know that the author's style presented great difficulties. Had he adhered less closely to the original, the translation would have been freer from certain gallicisms and redundancies; but it is clear—and that is sufficient. C.

ART. VII.—*A Treatise on Diseases of the Eye.* By WILLIAM LAWRENCE, F. R. S., Surgeon Extraordinary to the Queen, Surgeon to St. Bartholomew's Hospital, &c., &c. From the last London edition. *With numerous additions and sixty-seven Illustrations.* By ISAAC HAYS, M. D., Surgeon to Will's Hospital, &c., &c.

This is a very beautiful book, and is, without doubt, the most splendid treatise on the subject in the language. We know of nothing equal to it, and we hope that it will meet with a wide circulation. Affections of the eye are too much neglected by the profession generally; the subject is very inadequately discussed in the majority of our schools, but one or two of which have a chair devoted to ophthalmic medicine and surgery; in all the others it is despatched in about a half-dozen lectures. In the west at least, these diseases are not infrequent—in certain districts, unless we mistake, they are very frequent; and a little more attention devoted to their study, might save the unfortunate from the tender mercies of the stationary or itinerant "eye-doctor," and from that direst of all calamities, *total and irremediable blindness.*

The following quotation from the very short preface of the American editor, will show what alterations and improvements have been made in the present edition.

"The present, is a reprint from the last London edition, which appeared in 1841, completely revised and greatly enlarged by the author; and to it considerable additions have been made by the Editor.

"Sixty-seven illustrations are introduced, many of them from original drawings, the whole engraved by Mr. R. S. Gilbert.

"Several subjects omitted in the original, are treated of; in supplying which, as well as on other occasions, free use has been made of the valuable Treatise of Mr. McKenzie. The catoptric examination of the eye, and its value as a means of diagnosis; the recent investigations into the structures of the orbit, &c., are all fully considered."

The reader must not suppose from the modest manner in

which the editor thus speaks of his own labors that they are few or unimportant; they contain, what is of no small value, "the results of his experience in relation to the treatment of most of the important diseases, derived from more than twenty years devotion to the subject, during all which period he has been attached to some public institution for the treatment of Diseases of the Eye." C.

ART. VIII.—*A Treatise on Ruptures.* By W. LAWRENCE, F. R. S., Surgeon extraordinary to the Queen, &c. From the fifth London edition. Revised, corrected and enlarged. pp. 480, 8vo. Lea and Blanchard; Philadelphia, 1843.

This work is no less excellent than the former by the same author, and, like it, has long since taken rank as one of the very highest authority. Both of them indeed bear the impress of the accomplished and well-stored mind from which they emanate. There is a completeness and a finish about the productions of Mr. Lawrence (conspicuous in both these works) rarely to be seen in those of any other writer. His extent of learning and research—all of ancient and modern medical literature being thoroughly searched for materials—is unequalled; and all thus collected, is compact in that singularly felicitous style, for which he is remarkable. He gives you all that is known on a subject—all that has been said or written about it, not crudely and *undigestedly*, but after having well weighed its merits, his opinion of which he does not hesitate to express. These are the labors that possess true value, and that must endure.

The corrections, revisions and additions, mentioned in the title, were made by the author to the fifth edition published in London. C.

ART. IX.—*Proceedings of the Medical Convention of Ohio, held at Cincinnati on the 16th, 17th, 18th, 19th, and 20th, of May, 1842. With selections from papers read before that body.* Cincinnati, R. P. Brooks, 1842. pp. 51.

We observed in the Journal for April that, of the various papers presented to the Convention, but two were published. The first and longest of these, is entitled "A History of the Topography, Climate and Diseases of the County of Scioto, from its settlement to the present time." In the outset of this paper, the author, Dr. Hempstead, pays a well deserved tribute to the hardy and enterprising men, who led the way in the settlement of the country, and he acknowledges his indebtedness to them for much valuable information regarding the diseases of the early inhabitants. Doubtless much might still be gleaned in this way—as these individuals, otherwise of acute and retentive minds, were oftentimes compelled to be their own physicians.

Dr. H. thus describes the region of country to which his observations refer:

"The county of Scioto is situated upon the southern border of the state, at the confluence of the Scioto and Ohio rivers, and in Lat. 38° 38″ N., and 82° 56″ W., extending North about twenty miles, and including the table land for twenty miles East and West on either side of the Scioto river. The valley proper is based on a bed of shale, which may be seen cropping out a few miles below Portsmouth, and disappears not far from the western line of the county, near the great western limestone deposit. The table land is here elevated from three to five hundred feet above the surface of the valley. It is gently undulating, but as it approaches the Scioto it becomes very precipitous, and, in most places, incapable of cultivation. The tributaries of the Scioto, which arise in this region, are very rapid, highly charged with lime, and subject to great alternations from the most rapid and violent torrents, to the most perfect destitution of all moisture. On the east side of the valley, the surface is not so high by two hundred feet. It also rises less abruptly than on the west. Still, it is undulating, and affords fine grazing and arable farms. The water courses, however, are not so numerous as they are on

the opposite side of the river. Iron, coal, and saliferous rock are found in this locality, which is bounded on the east by the buhr-stone deposit. Out of the valley proper, no ponds or stagnant waters are found, the vegetation is less luxuriant, and of a more durable and ligneous character, than that found in the alluvions immediately bounding the Scioto. Between the low bottoms and the river hills, sandy bluffs occasionally occur, composed principally of coarse gravel and sand, with a very thin vegetable mould, soon exhausted by cultivation, and when the soil becomes impoverished, it is not easily renewed, especially as these bluffs are too high to be benefitted by the spring floods, which annually inundate and enrich the low grounds. Upon these bluffs, elevated from ten to forty feet above the highest floods, are found those monuments of a race long since departed, but still exhibiting, by their works, the strongest proof of having been a populous, an industrious, and a talented people. These evidences of a laborious, intelligent, and, to some extent, a civilized community, are to be found, at short intervals, upon either side of the Ohio and Scioto rivers, occasionally extending into the valley, but occupying ground above all ordinary floods. The soil west of the Scioto is good, containing a portion of sand, and possessing the characteristics of a calcareous deposit. Elevated from four to six hundred feet above the valley, it descends towards the east, exposing the limestone, waverly sandstone, and slaty argillacious rock, which last underlies the valley proper. From this point the surface rises some three hundred feet, changing its character, and becoming a pure clay. Although more broken by hills, and less suited to agriculture, it is rich in mineral wealth.

"The valley of the Scioto, from two to five miles in width, possesses a soil unsurpassed in fertility and durability by any other; being composed of the debris and washings of the uplands, with a large mixture of decayed vegetable matter deposited by the spring floods which annually inundate it.

"The southern border of this locality, comprising the valley of the Ohio, differs but little from the alluvions of the Scioto; since the low bottoms of the former, which are frequently inundated, possess all the fertility and durability of the latter, while the high or "second bottoms," which are mostly argillaceous, are less productive, being destitute of that rich arenaceous deposit, which annually renews and ameliorates those less elevated. The table land of the region now under consideration is covered with all the varieties of the oak, except the highest points, which contain groves of pine. The

slopes connecting the bottoms with the upland exhibit a general mixture of western trees, including the locust, pawpaw, sugar tree, &c., while the sycamore, cottonwood, black walnut, mulberry, maple, and elm, occupy the lower portions of the valley. There is not much undergrowth, except in the low valley, which consists of a luxuriant production of annual plants, that are constantly decomposing and enriching the soil upon which they grow.* The Ohio interval produces beech, hickory, and maple, with sycamore and elm on the margin of the stream."

The inhabitants of this region are supplied with water from the Ohio and Scioto rivers, and their tributaries, and from wells and springs, which vary on different sides of the valley.

"On the east side of the valley, fine springs of soft, wholesome, and pleasant water, like that of the Ohio river, above its junction with the Scioto, are found in abundance, free from iron or other minerals. The wells in their vicinity are of the same character, while the springs and wells west partake of the character of the country in which they are situated, being, like the water of the Scioto, strongly impregnated with calcareous matter."

He mentions the following singular circumstance, which we do not remember to have seen noticed elsewhere.

"A singular and interesting circumstance, connected with the ancient works in Portsmouth and its vicinity, affecting some of its wells, deserves here to be mentioned, and may throw some light upon the uses for which at least some of those embankments were constructed. North of the east end of the town, on a sandy elevation of some two hundred feet above the Ohio bottom, the construction of which has much the appearance of being artificial, are found two parallel embankments, which descend to the *sand bluffs* before mentioned, and then pass down to the Ohio bottom, where it is elevated from three to seven feet above the highest known flood. These embankments, continuing on the same elevation, enter the corporation at its east end, and pass through the north part of the town to the Scioto river, where they are

* The writer, some ten or fifteen years since, frequently passed through this undergrowth. When on horseback, he was unable to reach, with a common riding-whip, the top of a growth of vegetation standing so thick over the uncultivated portions of the valley as entirely to exclude the sun.

lost, evidently from the encroachments of that stream, for they again appear some distance below, and terminate on the bank of the Ohio, a short distance above the *present* mouth of the Scioto. Upon, or very near to these embankments, which vary from three feet in height to almost entire obliteration, a number of wells have been sunk to the depth of sixteen feet, furnishing an abundant supply of water, as pure as the mountain rill, being filtered through the fine sand, which is deposited by the Ohio when it overflows its banks. The wells which are located four or five rods north or south of these embankments pass through the natural clay of the bottom, from fifty to sixty feet, before a full supply of water can be obtained. It would seem that two intrenchments had been excavated in the clayey soil at least sixteen feet deep, and then filled with sand. The compact character of the clay confines the water, while the sand supports the clay walls, and permits the water to filter through. Whether this water is conducted from the hills, or collected between the embankments from rains, has not yet been satisfactorily ascertained. In its sensible properties, it is like that of the springs at the foot of the hills, upon which the embankments commence. Half a mile east of the town are some mounds, and an elevation, of the same sand, comprising about two acres, including the embankments. This sandy elevation has a number of springs around its margin, some of which rise to the surface; others are found in three or four feet excavation, a thing unusual on the Ohio bottoms. The writer has a spring in his cellar, from the same source, (although he is located more than thirty rods from the embankment), which rises to within four feet of the surface. It is two feet deep, and occasionally disappears in very extreme dry weather; while the wells, as before stated, never sink more than six feet below the surface, and frequently run over the top."

Mineral and medicinal springs abound.

"Those of the east side of the valley contain salt and iron, petroleum or bituminous oil; and one deposits, for two or three rods from its origin, a substance as white as snow, supposed to be magnesia, but more probably sulphate of lime. The chalybeate springs hold iron in such minute divisions as to be well suited to those cases of excitable debility which frequently occur and are often aggravated by any of the pharmacological forms of this tonic. These springs have been resorted to with much and decided benefit; they are gene-

rally situated in a mountain region, high, healthy, and among the furnaces, where novelty, exercise, and amusement, are not wanting. The springs of the western or limestone region are occasionally charged with sulphur, soda, magnesia, iron, and other salts. On the waters of Brush creek, about four or five miles from the Scioto valley, around the margin of an elevated portion of glady country, a number of medicinal springs are found, containing a variety of salts, and differing sowewhat in character from each other. As these are situated in a region unsurpassed for romantic scenery, above miasmatic influence, and possessing the finest hunting and fishing ground in the State, they may, at no distant period, become a desirable resort for health and amusement."

Sulphuret and sulphate of iron are found in great quantity on the west side of the valley near the Ohio. In the summer of 1839, he witnessed an interesting phenomena. "The rocky bed of the creek had been dry for some time and exposed for many days to a temperature above 90°, when a number of explosions occurred from the expansion and eruption of large masses of very pure pyrites, imbedded in the solid rock, leaving excavations indicating the boulder of sulphuret of iron to have been from twelve to eighteen inches in diameter."

That magnificent public work, the Ohio and Erie canal, passes through this county. When it was first projected, fears were entertained that the ponds and pools created by it would exert an unfavorable influence upon the health of the inhabitants; but these fears proved groundless.

"A careful observation for the last nine years in the vicinity of this improvement, has not detected any additional malarious influence, any increase of disease, or any new ailment affecting in any way the health of the inhabitants, excepting during the autumn when the excavation was going forward, at which time it was visited with an unusual amount of disease. This latter circumstance was also peculiarly apparent in 1840 and 1841, upon that part of "the Portsmouth and Columbus turnpike" which runs through the same county, especially where excavations and embankments were progressing during the fall months. In consequence of accidents, or to make repairs, the water of the canal has been repeatedly

drawn off at the most unfavorable season, exposing an extensive slimy and foul surface to the action of an autumnal sun, until all moisture has been dissipated, and yet no deleterious influence has been the result. So far from this being the case, a single incident in 1837 goes to show an opposite effect. The ordinary diseases of the summer had been rather prevalent in the immediate vicinity of the canal, and a considerable number were then sick. On the 8th of September the water was drawn off, and the writer is confident that six new cases did not occur in that vicinity, for the balance of the season."

A portion of this region is subject to inundations from the Ohio and Scioto rivers; these were more frequent from 1795 to 1820, than they have been since. The differences in the diseases of the river bottoms, and of the uplands covered with forests, are striking; the purely miasmatic being confined to the former or inundated portions, while a different class occupies the higher regions.

The following picture of the habitations and manners of the early settlers, is true to the life.

"The residences of the early settlers were, as at the present day, on the banks of the streams, or on the slopes connecting the bottoms with the upland. They were built of logs, and well ventilated, not by windows and doors, but by the interstices between the logs. They were also occasionally washed by rains dashing through the imperfect covering. These walls, with an opening in the roof for smoke, and an earthen or puncheon floor, completed the domiciliary comforts of the early pioneer. Their scanty and thin clothing protected them still less against "the peltings of the pitiless storm," than their open and uncomfortable cabins. It was no uncommon occurrence for an individual to pass the winters of that period, with no other outer garments than the pataloons and hunting shirt, and these of the thinnest fabric of cotton and wool, the bare thoughts of which at the present day would cause a shudder at almost any season. The diet of this hardy race was in keeping with their other comforts. The fruits of the chase, a few vegetables in their season, and coarse cakes, prepared from meal ground upon the invaluable, ever revolving, and never idle *hand-mill*, constituted their whole bill of fare. Their amusements corresponded with

their hardy character. These consisted in aiding a neighbor to husk his corn, to raise a cabin, to roll his logs; or among the females, to quilt a quilt; at which as well as at most other assemblies a bottle of "*Monongahela*" was a universal accompaniment. After the work was done, shooting at a mark, pitching quoits, wrestling, jumping, dancing, and by way of accommodation an occasional game of "rough and tumble," filled up the balance of the day and part of the night."

The climate of this region, like all in this great valley, perhaps we might say all on the western shore of the Atlantic, is subject to great and sudden alterations.

"The changes are very sudden and rapid, not unfrequently varying the temperature forty degrees in twelve hours, and instances have been noticed in which a change of fifty degrees has occurred in eight hours. For want of a series of observations sufficiently extensive no fixed character can, as yet, be given to our climate, although this desideratum will no doubt be soon obtained if the regulations established by the Surgeon General of the army be faithfully and carefully complied with at the several military posts. A sufficiency, however, is known to establish the fact that for some years past our seasons have been changing. Previous to 1820 the winters were not so cold, nor the summer so warm as they have been since that period, and particularly since 1830, which was the first time for some years that the thermometer was below zero. From the settlement of the county in 1795, the winters were mild, with a few days of severe weather, while the summers were cool, with an occasional day of elevated temperature. And although there has been manifestly a change, as will appear by the abstracts accompanying this paper, yet the mean temperature for the year was greater before than since the period mentioned. The mean temperature of the six years preceding 1830 being 55–45, while the six years since were but 54–75. So far as any statistics of the weather can be obtained, the mean temperature of the year, or of the hot or cold months, has not materially differed since the settlement of the county. The same remark will apply to the amount of rain; but the fogs, winds and violent storms, have undergone a very great change. From the first settlement of the county to 1820, the fogs usually commenced early in July, were very regular in their daily appearance, suspended only for a night or two previous to rain. They

generally were observable as early as 9 o'clock, P. M., and frequently continued till the same hour the next morning, and occasionally till 11 o'clock, being throughout very dense and loaded with moisture. It was not unusual to see, during a dense fog, the water fall from the leaves of the trees like a shower of rain. These characteristics of the fogs of that period did not undergo much sensible change until '26 or '27, since which they fall later in the night, frequenly not till near day-light in the morning, and are with few exceptions dissipated by 8 o'clock A. M. The amount of moisture has greatly decreased, and it is not unusual for fogs to disappear during the summer and autumn for nights in succession, or to be seen only in the valleys and on the immediate neighboring hills. Their effects, whatever they may be, are not of course observable, upon the higher and more elevated regions. The prevailing winds of the first twenty-five years were westerly. In 1838, an ordinary observer must have discovered that they were decidedly on the decrease. In 1838 the easterly were to the westerly as one to two, in '39 and '40 nearly balanced, and in '41 were decidedly the prevailing wind of the year. The writer is well assured, from the authority of others, and partly from his own observation that from the year 1800 to 1810 no fall of rain was attended by an easterly wind. From that period to 1820 this wind was steadily and gradually on the increase, and from '21 onward has been observable, occasionally throughout each year. For the last twenty years those violent tornadoes, accompanied by thunder, which formerly swept so frequently through our State, have become less frequent and violent, and for the last few years have nearly disappeared. Hail, which attended them particularly in the month of June, is in this region an uncommon occurrence; very few storms of this kind having been observed in the last ten years. Electrical phenomena have also disappeared with the decrease of tornadoes and the increase of easterly winds. The hygrometrical observations have been so few that no comparative estimate can be made of former and latter years; yet a sufficiency is known to make certain one point, that no epidemic meteoration or any considerable prevalence of disease has ever occurred in a dry atmosphere, but are invariably accompanied by one loaded with moisture. Another fact is also developed, that a high hygrometric state of the atmosphere does not depend on the amount of rain, hence the fact that extensive disease has occurred in very wet, dry and medium seasons."

During the prevalence of epidemics, or any unusual amount of sickness, the north winds have been observed to augment the number of cases. This might be attributed to their passage over the miasmatic regions of the valley, if the same effect was not observed in connection with the easterly winds. Dr. H. reconciles this difficulty by supposing that a predisposition to autumnal disease is produced by the westerly winds, which traverse the malarious portion of the valleys of both rivers, and that the winds from the north and east act as exciting causes from other qualities that they possess besides malaria. Assuming malaria to be the cause of the fevers of this region, it is a little singular that its received sources have been steadily diminishing, whilst the diseases attributed to it are far more prevalent. And from facts in his possession, Dr. H. doubts whether the sources of miasm are correctly understood, and urges renewed inquiry.

"To identify this all-pervading influence, to give it a local habitation and a name, are efforts worthy the united energies of the medical community. And how long shall we be content to know it exists only by its effects, and rest satisfied in counteracting those effects, while we are entirely ignorant of the first principles of the cause which produces them? It has been urged, yea settled, that heat, moisture, and dead vegetable matter, will invariably produce this deleterious agent; yet how often do we find the predictions of physicians fail, even when these agents appear to be present, and under the most favorable circumstances for the generation of this aerial poison. At other times, when the temperature, moisture, and vegetable matter, would seem to indicate a state of atmosphere as pure as the mountain breeze, our pleasing anticipations of health and happiness are blasted by the deadly simoom of the autumn, which, like the wind, "bloweth where it listeth, and thou hearest the sound thereof, but canst not tell whence it cometh or whither it goeth;" at one time dealing death and destruction in the high and elevated regions of health, at others sweeping with fearful strides through the lower and more fertile but less salubrious valleys."

Among the diseases incident to this region, intermittent and remittent fevers of course hold a prominent place. These

are, indeed, the only diseases to which the early settlers were liable; they usually began about the last of June and continued till the last of October, the remainder of the year being healthy. "An epidemic meteoration" has been observed five times—in 1807, '21, '22, '23, and '24. The epidemic of 1807 was very general, embracing the entire valley of the Ohio, and many of its tributaries, and involving nearly the whole population, many of whom died of the disease, or of improper treatment. This disease corresponded to the remittent fever described in the books; it appeared occasionally up to 1820. That of '21 was at first a bilious remittent fever, which after the 1st of August changed to an intermittent, and was more fatal. The epidemic of '22 was a double tertian intermittent, and prevailed generally in town and country. That of '23, was not violent and prevailed mostly in the town. That of 1824, also a double tertian, was entirely confined to the town, and was unusually severe.

Since these epidemics, the diseases of this region have greatly increased in variety, and occur throughout the year save in April and May, which are generally healthy.

Bilious pneumonia was first observed in March 1824, has since recurred every year from December to March, and was epidemic in the winter and spring of '26, '29, '31, '36, '38, '40, '41, and '42. Intermittent cephalalgia is common, at times affecting a large part of the population. Rheumatism both acute and chronic is very rare; from 1816 to 1838, Dr. H. did not see more than ten cases; since the latter period it has increased, and since 1841 has been very common. All the cases were attended by fever of the intermittent type; in many instances it was succeeded by chorea. Dr. H. relied chiefly on the alcoholic tincture of the actea racemosa, which he thinks as valuable in chorea and rheumatism, as quinine in intermittents. He likewise uses it in neuralgia, some forms of diseased liver, and in rigidity of the os uteri.

Previous to 1812 cholera infantum was unknown; after the year 1821, it became quite common, and was extremely

fatal; declined after 1830, until 1841, when it was again very fatal.

Of the exanthemata, Dr. H. notices small pox, measles, hooping-cough, scarlet fever and mumps, as having prevailed at different times. These spread much more generally on the uplands than in the valley, where they seemed to lose in a great measure their contagious character. This last is also true of Asiatic cholera, which appeared in '32, and again in '33 and '34.

Croup and quinsy are uncommon—in 26 years not more than ten cases have been witnessed in the Ohio and Scioto valleys. Gangrenopsis is rather frequent, always affects decidedly scrofulous constitutions, occurs in the autumn, and generally at the close of protracted diseases. It owes its origin to the same causes that produce intermittents, and was most prevalent during the epidemic years. Phthisis pulmonalis is rare; an original case has never occurred in this locality, though scrofula in some of its forms is common.

Dr. H's paper closes with abstracts of thermometric observations from 1824 to 1835 inclusive; and of thermometric and barometric observations from 1835 to 1841. These observations were conducted by himself, and are evidently drawn up with great care. But we have already consumed a good deal of space in this notice—more perhaps than some of our readers may think warrantable; if we shall but incite to further observations of the kind, our object will be accomplished. It is only by the accumulation of labors of this sort, that medical histories of extended regions can be known; he who *asks* the *cui bono*, is not likely to understand it if he were told.

The other paper in these proceedings is on "the causes and treatment of Milksickness," by Dr. Dawson, and was prepared in obedience to a resolution of the Convention at its previous meeting. So much has appeared in the Journal on this subject, that we fear some of our readers feel a degree of nausea at the bare mention of it. We will take this opportu-

nity, however, to express our own disbelief in any such disease. We were brought up in a region where it is believed to be present, where Dr. Seaton and others say it prevails (though the former errs in the geological formation of the country); but we never could satisfy ourselves of it. We have seen what was *called* milksickness; but it was nought else than a form of remittent fever, and was amenable to the same remedies. We have seen all the phenomena of the so called milksickness produced by worms, and cease on their expulsion. We never knew an instance that could be traced to milk, butter or beef—and we doubt very much if one ever was or ever will be. We do not deny that the beef, milk, &c., of sick cattle will produce disease in man, but we do not believe that it produces in certain districts, and no others, milksickness. Even if it did, it is made a much greater bugbear than there is any necessity for. Its prevention is easy, far more than that of most other diseases, and its attacks are not more fatal. Men rush unconcernedly into regions where the very air is thick with the elements of death, but they fly as from some horrid and wide-wasting pestilence the region where milksickness is said to prevail. Our opinion has not been formed lightly or hastily—and we believe, that if it is not now, it will be sooner or later the sentiment of the profession.

The convention was in session five days, and a large amount of business was transacted. Of the various exercises, it would be somewhat late to speak, seeing that twelve moons have passed since it adjourned. It is the less necessary too, from the notice, embracing the more important matters, given by us shortly after the adjournment.

At an early period of the sitting, those who knew the secret sources of action, who could pierce to the under-currents that flowed hither and yon, feared for the harmony of the convention. There were old feuds at work, secret heart-burnings and jealousies, wounded pride, and peradventure wounded feelings. And so new animosities were engendered by the old; factions multiplied; parties were formed; bitter words and keen retorts passed from man to man;

and anger and pride were about to do their work. But a few mild words from one who had borne the toils of some forty summers and winters among that people, whose name is identified with their history, and with that of the profession in the west—words which were as true-hearted as they were few and touching—stilled the rising storm, dispelled as if by magic the ominous and surcharged clouds that were gathering for elemental play around and over-head, and then peace like a dove

> ——— came forth to spy
> What calm had fallen on earth, what light was in the sky!

Explanations were made—a reconciliation took place; old injuries were mutually forgiven and forgotten; hands that erewhile were clenched in passion were now clasped in friendship—what if cheeks lately flushed with anger, were bedewed with tears from eyes all unused to them?—and now the profession in that state presents, so far as we know, an unbroken and undivided front, one in interest, purpose, and feeling. Is it so in any other State in the Union? C.

Selections from American and Foreign Journals.

Presumption of Survivorship.—(Continued from page 352.)

Thirdly. When many persons perish at the same time by drowning.

The following circumstances are to be taken notice of in cases of this kind:

1. Persons, who are able to hold their breath a long time, will die later than those who cannot. Col. Townshend placed himself in the presence of many physicians in a state resembling death. He laid himself upon his back, one physician felt his pulse, another beating of the heart, the third held a mirror before his mouth. Pulsation and beating of the heart ceased instantly, the mirror remained clear, this state continued for half an hour, when the beating of the heart and respiration returned. (*Henke's Zeitschrift*, 4 *Jahrgang*).

2. Persons who fall head foremost into the water, will die earlier than those who fall in another manner.

3. Persons who remain longer upon the surface of the water, or several times rise up again, will die later than those who sink immediately to the bottom.

Dissection of such drowned persons affords the principal grounds of decision, whether they have lost their lives by apoplexy or suffocation.

Apoplexy causes death sooner than suffocation. But should many persons have died of apoplexy or suffocation, we may certainly assume, that the persons with whom a tendency to apoplexy prevailed, have died sooner than those where this was not the case. With persons inclined to apoplexy, death on falling into the water, particularly if they are heated, occurs instantly." (*Henke's Lehrbuch*, § 473).

But where many persons have died at the same time of suffocation, we may assume, that the persons on whom the signs of suffocation are the most distinct and marked, have died last.

A body, on which the signs of suffocation and apoplexy are found at the same time, has died earlier than one on which we find merely the signs of suffocation.

A lady of noble birth, E. M. v. L. was passing with her three daughters, of 14, 16, and 18 years of age, and her cook in a two horse-coach through the ford at Pradel, which was very much swollen: the king-bolt of the carriage came out and the horses drove on with the fore part of the carriage. The back part sank down, and was carried somewhat forward by the water, whereupon the coachman springs from his seat, in order to assist the persons sitting in the carriage, but which was impossible, as the water in the stream carried the carriage across and overturned it, which he did not let go of, and thought to keep hold of, which however was impossible, because he, at the time when the carriage was turned over, was turned over with it. When the carriage had been turned round some three times, they were all still alive; but when the carriage rose up the fourth time, the three young ladies were already dead, the lady and the cook were still alive, while the first three were fallen down, and did not move, and had also partly fallen out backwards: the cook had still cried out, and the lady said to him, Oh! coachman save yourself only; as he had then at three different times been drawn by the current under the water. When the water had again turned over the carriage, the lady yet cried out and prayed; but after that the coachman had seen no one again, and was himself forced on by the current, until he came to a tree, which he seized.

When now the maternal relations claimed the whole inheritance, to the exclusion of the paternal relations, the latter sought to invalidate the testimony of the coachman, and based themselves upon the presumption of law, that the children might have lived longer than the mother, and if not all, yet at least one had survived the mother. Upon this very doubtful case the following questions were propounded.

a. Whether from all the occurring circumstances, that, what the coachman has testified of the first ensuing death of the three daughters, deserved credit, and that therefore it was to be held probable that the mother survived the daughters.

This question was thus answered: although *ex actis* it does not appear, who had drawn the drowned bodies from the water, how soon it was done, whether any one was near by, and had traced motion, respiration, warmth, or any signs of life, on any of the bodies; also that the fishermen, who were in the neighborhood, or any others had been examined; fur-

ther, the coachman has not explained what he meant by springing from the seat, how, and where he had stood, that he possibly would have held on the wagon, and had perceived what had taken place therein, as he has related it: besides we do not find how old the drowned lady Von L. was, hence we had to investigate the point. But since the answer to the proposed question, first concerns that, what the coachman could perhaps immediately perceive, and judge of according to the circumstances and also to the appearances, but especially to the others, how such things might deceive, and he not be able to know the real death of the three ladies; yet from the legal documents we may believe, that the bodies were drawn out from the water as soon as possible, that no sign of it was observed in either, while an evidence of that kind might have decided the whole question, and it is well remarked, that the coachman, at the time he observed what was taking place with and in the coach, had his head above the water, also from the age of the young ladies, the age of the mother was about 40, more or less.

Hence in reference to the first point of the answer: it is so, that in the anguish and danger of death, wherein the coachman found himself, he could with difficulty observe the course of things, and it is not indeed possible, that he from the falling down, and want of motion, at such a moment could correctly decide, whether the ladies, especially three of them, together with the mother and the cook who were in the coach, were really dead, still from the testimony of the coachman, that the lady had spoken the last, and on the fourth turning of the carriage the daughter had fallen down, and did not move; we hold it probable, that in so far as it can appear from the coachman, it must be, that the three ladies had died before the mother.

But this account of the evidences of death, uncertain and founded only on conjecture, was still further opposed by another question, in which the reasons *pro* and *con* were decisive.

6. Whether, and how far, despite the testimony of the coachman, still the ladies may have lived, when he believed that they were already dead?

a. When then on the side of the maternal relatives in the present case, it was maintained (*a*) that the mother, of a grave disposition, on account of her age, and ever had been so, consequently at the time was well, hence in so sudden a necessity, had more determination and energy than the three young ladies, and could help herself for a longer time, as also the

testimony of the coachman conforms hereto, and strengthens it the more, (*b*) also that we do not find, as with the bodies drawn out from the water any signs of life remaining was discovered, (*c*) as also such extraction or drawing forth of bodies of any kind, would have occasioned irritation and motion, if, indeed, with one or the other, any had been left: (*d*) in addition, the delicate young ladies by excitement would have been brought rather to cramps in the breast and convulsions, and hence death would be hastened, so that the mother survived them, (*e*) consequently the lying down and want of motion in the young ladies, which the coachman testified to as the signs of death, are also on this account the more sufficient to prove their death, and hence to confirm the testimony of the coachman and the perfect death of the daughters before the mother, therefore the maternal relatives are entitled to maintain the inheritance of the daughters descended to the mother who died last, to the exclusion of the relatives of the father.

b. On the other hand the relatives of the father contended that (*a*) the vital power at the age of the three ladies was generally able longer to withstand death, than at the age of the mother, as the latter had been affected with hemorrhage and other ailments, and (*b*) that after the bodies were drawn out, no bleeding, warming or rubbing, &c., was made use of, as these attempts might be useful to restore life or as a possible proof of the death, as (*c*) the motion of the bodies at the time of the drawing them out from the water and the coach, is in no manner to be compared with the carrying of them, and (*d*) farther syncope and cramps in the breast in which the three ladies had earlier fallen, so much the less proves death, as it is well known, that, particularly with females, in the like cases, besides that they grow faint and numb, frequently the pulse cannot be felt in the external arteries, as also respiration without a movement of the breast, and only by a slight motion of the diaphragm be discovered, and yet such persons recover, hence (*e*) we particularly cannot know, whether and how long the young still had life, they might have swam away, and the stream have carried them on more alive than absolutely dead: besides also the lying down and immovableness of the three ladies, which the coachman testifies to, still less, than the outcry of the mother, as they were found in the water, can prove the absolute death of all these persons; the rather (*f*) that these and many more signs may deceive, although (*g*) people, who have been a considerable time under the water, indeed often recover, if application is made use of;

as the young ladies were three in number, and on the 3d of September, the water was not so very cold, it is the more evident, that when they were brought to the bank, if not all three, together with the mother, yet one had a spark of life and might have been saved. For these and other reasons, together with the presumption of law, we consider that the testimony of the coachman deserves no credit.

Fourthly. When many persons are precipitated into an abyss and dashed to pieces.

In this case we must particularly examine, on whom wounds of the nobler organs are found. Thus, for example, those will die earlier whose skull is fractured, than those who have suffered the fracture of an arm or leg. Those also will have died the earliest, on whose corpses we find the internal vessels lacerated, than those who have received a flesh (bleeding) wound on the extremities. But where many persons in the same manner, and by the same injury are killed, he will have died the earliest on whom the injury first happened, or also that one on whom the severest lacerations are found. But where the wound is equally great on many persons, or has happened to all on one and the same organ, then the stronger will have survived the weaker. The idiosnycrasy of the person may, however, in the last case, afford a ground of distinction, as when, for example, death is caused by extravasation of blood in the skull, a full-blooded person or one who has a tendency to apoplexia sanguinea, will die sooner than those with whom this is not the case.

Fifthly. When many persons perish at the same time in a conflagration.

In such a case we must first ascertain, whether the persons are really burnt, or suffocated by smoke, or entombed and crushed by the falling buildings.

The distinctive signs of persons dead from suffocation and wounds have already been mentioned.

In respect to death by burning we must decide, whether the man was really burned alive, or whether we find signs upon the dead body, that the marks of burning have been occasioned after death, resulting from some other cause. On this point we have a very interesting essay by Christison.

A case of many persons destroyed by fire, which on account of the claims set up to the inheritance occasioned judicial proceedings, is to be found in Kopp's Jahrbuch der Staatsarzneikunde, 71, 8, p. 181. At Ormay, in the district of Murten in the Canton of Fryburgh, a fire in the night of the 16th and 17th of June, 1809, broke out in the dwelling of a coun-

tryman, Jean Etter. The man was absent, and expected to return the same evening, his wife on that account had remained, according to her custom, waiting for him in the room, where she was found alone with her infant. The other four children slept in a little adjoining chamber. All the five children together with their mother perished in the fire.

It was impossible to discover in what part of the house the fire originated. The body of the mother was found nearly destroyed by the flames. Her infant, with its body almost uninjured, lay under her. A few steps further lay the oldest daughter, 14 years of age. The three other children were found together in the centre of the hall.

There was no marriage contract, and the father remained for a while in the quiet possession of the inheritance of his wife, who had brought to him on the marriage a considerable real estate from her paternal and maternal side, as also some stocks and money.

The provincial law in force there permitted to the surviving husband, the usufruct for life in the property of the wife; but, when he claimed the inheritance, he must present an inventory and give security. According to the laws the property of intestates belonged to the nearest blood relations, who have survived the deceased.

When Etter was about re-marrying, the sister of the deceased claimed, that he should fulfil the requirements of the law, but he refused and the court decided, that the inheritance should be divided: but with this the sister was not content, and her advocate appealed from the provincial law, since, because it was not proved, whether the mother or her children had survived, it must be assumed according to the Roman law and the code Napoleon that the mother was the survivor, and consequently that the sister was the heir of the deceased.

On the other hand, the counsel for Etter contended, on the same authorities, that it was not sufficient, that Marie Knoff for the establishment of her claim, should represent herself as the nearest relative of the deceased, but it rested solely on this, whether she at the time of the death was her next blood-relation, which could not be the case, if only one of the five children had died after the mother. He attempted to prove, how extremely improbable it was, that the mother had survived all the five children, and produced the following striking circumstances.

1. The children, who perished with their mother, were five, and their bodies were found in different parts of the room;

they could not thus all at the same time, in the same moment have lost their lives, as was before assumed, if for example, they had all been entombed under the ruins. Also in reference to their different positions it is almost a certainty, that one or another of the children had lived longer than the rest, and it is the extremest improbability, that all five of the children should have died before the mother, and not even one, were it only for a second, had survived her. As to the survivorship of one of the children we may place five against one.

2. The body of the mother was so much destroyed by the flames, that it excited horror, while that of the child, which she had under her. was scarcely injured. The unhappy mother had used her best endeavors to protect her child, and forgot on that account her own danger. Without doubt she covered it with her body and her dress, it was thus covered from the flames and less exposed to the effect of the smoke, while the mother was entirely exposed to them. We have thus reason to assume the survivorship of the child, in respect to the temporary (*momentanen*) protection derived from the mother.

3. The oldest daughter, about 14 years of age, was found a few steps from her mother, her body was entirely uninjured, so that her hair and the ribbon upon it exhibited not the slightest trace of burning. This proves, that not the flames, but merely suffocation occasioned her death. We must not forget, that she slept in the little adjoining chamber, and that, when she came out, the firesmoke must have already reached her mother, even if the flames had not yet destroyed her. At least the following circumstance gives strong reason to conclude, that she was already dead and had perished by the flames and smoke, when the children left their chamber.

4. Three of these children were found together, in the centre of the hall. They had thus fled from the chamber, come through the common room, had opened that door and thus reached the front door. Could they have opened the front door, they would have been saved. Hence it is in the highest degree probable, that already on their flight the mother was dead, for it is natural, that if she had been still alive, she would also have attempted an escape, and have aided all, to reach the front door.

The decision of the superior court is unknown to the author.

A fire broke out at night in the year 1546 in the Castle Blankenburg on the Hartz, and the count and his pregnant

wife, as well as the steward and his wife could not ecsape from the flames. They escaped from one chamber to another, until the two females were suffocated by the smoke; the two men remained alive and were at length taken out from the flames. The countess was 37 years old, the age of the other persons is not given.—*S. Thieringen und der Harz.* 81 *Heft.* page 56. *Sondenhausen bei Eupel* 1840.

Sixthly. When many persons die at the same time of poisoning.

In the poisonings of many persons by one and the same kind of poison we consider those as dead first, on whose bodies we find the greatest destruction by the poison.

On this point no decision can be based, since indeed the greater the degree of the destruction in the body presupposes a longer life, and there are poisonous substances which produce no destruction in the body, and in corrosive poisons arsenic acts in a twofold manner, as it kills by an effect upon the nervous system, or occasions an inflammation of the stomach and intestines passing into gangrene, to which in the decision of such a case reference must be had, Even in the case, where a person poisons another and afterwards poisons himself, the knowledge of the person of the mixer of the poison is not sufficient to decide the priority of death, since if the poison administered was arsenic, the poisoned person, who first had taken the poison, still may have died last, if the poison produced its effects more slowly upon him, while the poisoner may have died earlier than the former by the more speedy effect of the poison.

Death by poisoning appears to proceed in the reverse order of death by hunger or by bleeding; and the elder to die before the younger.

Persons may die at the same time apparently by poisoning, without this really being the case.

Dr. Roloff relates the case of two men who died suddenly and probably by poison, with whom on dissection no trace of poison could be proved, although the symptoms of disease, as also the appearance on dissection indicated a poisoning, so that Roloff had to leave it undecided, whether the two young people had died of gastritis, enteritis, cholera or malignant typhus. They were two brothers, of whom the eldest was 18 and the youngest 13 years old; the first died Feb. 3, and the last Feb. 21.—*Kopp. Jahrbuch des Staatsarzneikunde, 7 Jahrgang* 1814.

Seventhly. When many persons die at the same time of wounds.

Klose lays down in this case the following principles:

1. With duellists, who die at the same time, the degree of mortality decides for the earlier or later death. 2. If from an examination of the bodies it appears, that the one had been murdered by another, and the murderer had then killed himself: Klose assumes, that the suicide had died last, and cites a recent case, where a man murdered his wife with an axe, but drowned himself. In this case the husband had survived the wife. But on the other hand, had the man thrown the wife in the water and she had died of suffocation, while he had shot himself, the wife may very easily have survived the husband.

3. When in cases of wounds of the same kind the wounded organs of a person are morbid or weak, we may assume, that the persons, who are of the weaker organisation, have died first.

4. If a cannon ball strikes several persons we may assume, that those have died first, who were struck first.

In the siege of Breslau, a soldier was struck by a cannon-ball on the shoulders and was killed on the spot; the same ball crushed the head of another soldier standing several hundred feet distant.—*Klose, System*, p. 395.

With persons of different sexes, but with wounds of the same nature, Klose assumes, that the female will have died earlier than the male. But it is sufficiently known, that bleeding with women is less dangerous and less speedily prejudicial, and we must therefore assume that the man in such a case has died earlier than the woman. Besides, nature stifles in woman bleeding sooner than with men, since the former are inclined to fainting, which is the best means of stopping bleeding.—*Klose, über der Einfluss des Geschlechtsunterschieds*, p. 246.

Eighthly. When many persons die at the same time by cold.

Bernt, Henke and *Mendel* assume apoplexia cerebralis as the only cause of death from cold; but Niemand (*Handb. der Staatsarzneikunde*, p. 210,) and Granland (*Dissertat. de Asphyxia congelatorum*, Helsingforsiæ 1832) place the cause of death in asphyxia. Metzger assumes apoplexy as the cause of death; but says that cold with a low but uninterrupted degree of coldness, occasions death by its fatal effects upon the nervous system and the heat of the body; death by cold may be thus sudden or protracted. With these opinions the results of dissection of those who have died from cold coincide. In general, we find in these cases the skin uncommonly pale,

the vessels of the head empty, the intestines very full of blood, and the lungs near the pleura inflamed. Klose, l. c. p. 429. Cappel (*Acta Natur. Curiosorum*, vol. 3, obs. 28,) found congestion in the breast and the abdomen, and Plouquet (*von gewalsamen Todesarten*) found the vessels of the head and the lungs filled with blood.

The prevalent circumstances, whether a person was stronger, fatter, better clothed than another, whether one had a tendency to apoplexy or fainting or had drunk ardent spirits, must in reference to the appearances on dissection afford an evidence as to the earlier or later death of the one person or the other. Children and old people are killed by cold, more easily than persons in middle age: but women, who are in the climacteric years, are killed by cold under the same circumstances not so easily as men, because they possess proportionally a warmer blood and more animal heat (warmth of body).

Ninthly. When many persons perish at the same time of hunger.

When persons die from hunger at the same time, the place, where it has happened, must first be considered. Thus, death follows later with those who are found in a damp place, a cellar, &c., where they can breathe a moist air or can drink. In reference to sex, women can endure hunger longer than men, who require a greater quantity of more nourishing and stimulating food. Further, weak persons will perish from hunger sooner than stronger ones, younger persons than older ones. Young active men will be destroyed by hunger sooner and more severely, than phlegmatic, quiet, less respirable, old persons, who require less food, than younger ones.

The truth of this position is proved by the melancholy end of Count Ugolino in Pisa, whom the citizens together with his family, closed up and starved in the year 1283, in the Hunger-castle so called. The youngest child, a boy of 3 years old, died first on the fourth day, the three others in youth, the fifth and sixth day, the father in the prime of life, died the eighth day. Dominicus Sala, *Tractat. de alimentis*, sect. 1, p. 32. In Oppido, a maiden lived eleven days under the ruins, and in the most horrible proximity to a corpse. She was 15 years old, and the attendant of a child. On the falling of the house, she held the child firmly in her arms, who, tormented by the most torturing thirst, died on the fifth day. Till then she had preserved her presence of mind, but afterwards she experienced the most painful sensations of hunger and thirst. Her despair passed into perfect senseless-

ness, and at the time she felt nothing of the pain of the dislocation of her hip, on the falling of the house. Drink was the only thing which she desired after her deliverance. When asked respecting her condition under the ruins, she answered: *I slept.* Many of those entombed persons were found on being dug out in a stupor-like sleep, in which they had sunk by the falling or after some days, according as their nervous system was strong or weak; many considered themselves as intoxicated.

An old woman lay seven days under the ruins in a state resembling sleep; when she awoke, her only complaint was of burning thirst.—*Amer. Journ. Med. Scien.*, from *Wildberg's Jahrbuch der Gesammtén Staatsarzneikunde.*

A tabular view of the treatment of Uterine Hæmorrhages.—By William Camps, M. D., Edin.

HÆMORRHAGE BEFORE PARTURITION.

A. *Slight Hæmorrhage.*—Horizontal position; perfect repose; cool air; cool acidulous fluids; low diet; bleeding, if there be symptoms of plethora. The bladder and rectum to be emptied.

B. *Severe Hæmorrhage.*—The same treatment as in A., except the bleeding (1). At first, cold applications; then the ergot of rye, in doses of 12 grains, repeated three times, at intervals of ten minutes. And if these means are insufficient to arrest the hæmorrhage, plug the vagina, or in some especial cases rupture the membranes (2).

HÆMORRHAGE DURING PARTURITION.

Slight Hæmorrhage.

Os uteri not dilated, and not dilatable.

Membranes entire:—The same means as in A., except the bleeding, which is not indicated unless the symptoms of plethora are exceedingly pronounced.

Membranes ruptured:—As above.

Os uteri dilated.

Membranes entire:—The same means as in A.; then wait, or rupture the membranes (3).

Membranes ruptured:—The same means as in A., and

wait; if the pains are feeble or slow, give the ergot of rye (4).

Severe Hæmorrhage.

Os uteri not dilated, and not dilatable.

Membranes entire:—The same treatment as in A., except the bleeding; then the refrigerants, as cold applications. In case these fail, and if the pains are feeble, the ergot of rye; then rupture the membranes. Lastly, if the state of the os uteri will not allow of turning, plug the vagina.

Membranes ruptured:—The same treatment as in A.; refrigerants; ergot of rye if the pains be slow or feeble. In case these fail, compression of the uterus; plug the vagina; introduce the hand, and deliver by turning (5).

Os uteri dilated, or dilatable.

Membranes entire:—Rupture the membranes (6); and if this does not succeed, introduce the hand and turn, or apply the forceps.

Membranes ruptured:—Turning, if the head of the child has not descended into the cavity of the pelvis (7). Apply the forceps if the head of the child have already descended into the cavity of the pelvis. Simple extraction if the child present by breech, knees, or feet.

(1). *The ergot of rye* is employed here as hæmostatic; in the case supposed, there is not, at present, uterine pains; it is not probable that the employment of the ergot of rye should produce them, for hitherto this remedy appears to possess the property of increasing the uterine contractions only when they occur spontaneously, and not that of exciting them, when they do not already exist.

(2). *The plug* will, in the first place, arrest the hæmorrhage; then, by the retention of the blood, and by its presence, it will irritate the *neck* and *orifice* of the uterus, and it will induce the expulsive contractions. These will dilate the *os uteri*, and this dilatation will allow either the rupture of the membranes, or the termination of the accouchment.

(3). This rupture can have no inconvenience; it is a means of preventing the increase of the hæmorrhage. We may always dispense with it, and rest satisfied with waiting until the progress of the labor shall have arrested the hæmorrhage:

the last method is after all perhaps the most prudent. A little *more* or a little *less* tendency to the increase of the hæmorrhage should determine the choice of the one or of the other method.

1st. *Wait*, if the hæmorrhage do not increase in any degree, and still more so if it diminish.

2d. *Rupture the membranes* if there be any tendency to increase of the hæmorrhage; this rupture will be profitably preceded or followed by the administration of some doses of the ergot of rye, if the uterine pains are feeble or slow.

(4). It may be asked, if it would not be proper to terminate the accouchement in this case, since the parts concerned seem disposed to this termination. We think that if the fœtus presents in the usual manner, it is better not to be officious with the application of the *forceps* or *turning*, because the employment of these means would be more severe than the *slight* hæmorrhage which appears to demand their use.

(5). This case is one of great delicacy; the application of the plug here requires great caution; for when the vagina is closed up, the blood may possibly accumulate in the cavity of the uterus, so that the patient may be lost, although no blood make its appearance externally; and the danger will be so much the greater, as the uterus shall have been more developed before the rupture of the membranes, and as the uterine contractions shall be more feeble. The application of the plug should be preferred, to the termination of the accouchement, only when the uterine contractions are sufficiently strong, and when, at the rupture of the membranes, only a very small quantity of the liquor amnii shall escape from the uterus. Again, the application of the plug demands great care of and attention to the patient, and should be followed by the application of a bandage round the abdomen sufficiently tight to resist the enlargement of the uterus. On the contrary, when the uterine contractions are feeble, when a large quantity of the liquor amnii shall have escaped at the moment of the rupture of the membranes, it will be necessary to overcome the resistance offered by the state of the os uteri, and terminate the accouchment by *turning*.

(6). In this case we may be surprised at the advice to *rupture the membranes*, and *wait*, before adopting any other method, according as the retraction of the uterus may have, or may not have, arrested the hæmorrhage; it seems so important, both to the mother and to the infant, that the birth of the latter should be the result of the uterine contractions alone, rather than of manual interference, very often difficult,

that it is very desirable to take the chance of a spontaneous accouchment at all times when there is the probability of obtaining it. It is to be understood that this recommendation to *wait*, is only admissible in case the uterine contractions are neither feeble nor slow.

(7). We may certainly in this case have recourse to the *forceps*, but the employment of this instrument, when the head of the child is above the orifice, and not engaged in the cavity of the pelvis, frequently offers sufficient difficulty to render the delivery by turning preferable.

It will be seen that the indications are based on the slightness or severity of the hæmorrhage, and not on the circumstance of the insertion or non-insertion of the placenta on the neck of the uterus; not that this circumstance is a matter of indifference, for almost always the hæmorrhage produced by the detachment of the placenta inserted over the orifice of the uterus, is one of a severe and serious character, and demands immediately the employment of the means indicated for severe hæmorrhages. Sometimes the insertion of the placenta on the neck of the uterus occasions only a slight hæmorrhage: the author does not consider, then, as do the greater part of accoucheurs, that the insertion of the placenta on the neck of the uterus requires, in every case, the speedy termination of the accouchment, yet it may modify the employment of the means above indicated. For instance, if in a case of severe hæmorrhage the placenta covers entirely the os uteri, we cannot have recourse to the simple rupture of the membranes, as we could if such were not the case. If the os uteri be neither sufficiently *dilated*, or sufficiently *dilatable*, to allow the introduction of the hand, it will be necessary to employ the plug; if, on the contrary, it be sufficiently *dilated*, or sufficiently *dilatable*, it will be necessary to detach one of the sides of the placenta, in order to make a passage into the cavity of the uterus, and deliver by turning; but if a portion only of the placenta be inserted on the os uteri, leaving exposed a part of the membranes, we may proceed as if the placenta were not inserted at the os uteri. In no case does it seem advisable to make a passage through the placenta, as some accoucheurs have recommended. Lastly, if the placenta, pushed by the head or the breech of the fœtus, be entirely, or almost entirely detached, and has passed beyond the orifice of the uterus, we must extract it before the fœtus, for this organ is useless in these circumstances, and its presence in the vagina is an obstacle to the free exercise of the hand, or of instruments.—*Med. Ex. and Retros. of the Med. Sci.*, from *Lond. Med. Gaz.* Jan. 13, 1843.

On Primary Syphilitic Buboes. By De Castlenau.—May a bubo of a truly syphilitic nature arise without antecedent chancre? Many writers on syphilis say *yes*. Many with one of the latest and ablest, Ricord, say *no*. De Castlenau has given the details of three cases, in which there seems to be no reason to doubt of the origin of the buboes, independently of antecedent external chancre. In one of these cases there was the very decisive evidence of the specific nature of the sore which followed the opening of the bubo, in the accidental inoculation of the surface in its neighborhood.

Pell (Marg.), aged 20, a week after connection, was seized with the ordinary symptoms of gonorrhœa, and by and by perceived a swelling in her right groin. The parts were examined with great care; no excoriation or ulceration was discovered either externally or internally; neither were there now any symptoms of gonorrhœa present. In the right groin there was a bubo, superficial, and on the point of giving way; in fact it did give way immediately after the visit. Next day another examination was made, but no chancre was discovered. The open bubo exhibited hard, inflamed, and sharply defined edges; the surface was gray and chancre-like, and suppurating copiously. Above the open sore a small pustule was observed, apparently the consequence of the natural inoculation of the pus poured out by the bubo. The wound was cauterized with nitrate of silver in substance. Two days later the sore had still the same chancrous character. The pustule was now a regularly rounded sore, with raised edges, sharply cut, and rather hard and red; its bottom was gray. A second pustule, like the first, was perceived on the skin to the inside of the principal sore. Three days afterwards this second pustule had become a chancrous sore, with the same characters as the other two. The patient, under appropriate treatment, recovered.—*Lond. and Edin. Med. Journ. Med. Sci.* Feb. 1843, from *Archiv. Gén. de Méd.*, Dec. 1842.

On the Causes and Treatment of Goitre.—A communication was read to the French Academy of Sciences, August 1, from Pascal, on the local influences which assist in the development of goitre, and on the use of ferruginous mineral waters in preventing and curing this affection. From the observations of Bénédict, Fodéré, and Roulin, it appears, 1st, That the stagnation of humid air, whether cold or warm, eminently predisposes to this disease, and that all the moist gor-

ges of the mountains towards the north are more particularly the localities in which bronchocele exists to the greatest extent. 2d. That the use of impure cold water, as the habitual beverage, is, if we may say so, the exciting cause of the affection in those places already predisposed. The water from wells, cisterns, and pumps, is said to be the most injurious.

Pascal then directed attention to the following fact:—At about three leagues from Metz are three villages, named Pierre Villers, Rombas, and Villers les Rombas, all of which are similarly situated as regards hygiène, with the exception that Villers had a chalybeate spring, which was generally used by the inhabitants for cooking and drinking. Now fifty years ago, while goitre attained a large size, and was very common in the two other villages, it was unknown in Villers; and it was observed, that those who came to reside in it from Pierre Villers and Rombas, got cured if they were already affected with the disease, or if they had it not at the commencement of their residence, continued free from it. From this circumstance we cannot but admit that the chalybeate was the cause of the inhabitants of Villers not being affected with bronchocele. Since the above period goitre has almost entirely disappeared from the other two localities, owing to the improvements that have taken place in the condition of the atmosphere, in the houses of the villages, and in the food of the inhabitants.

From these facts we may conclude, 1st, That notwithstanding the humidity and stagnation of the atmosphere, the use of a chalybeate water prevents the development of goitre, and cures it when it is formed; and, 2d, That even when no ferruginous spring exists, amelioration in hygiène greatly counteracts the predisposition of the inhabitants to be affected with bronchocele.—*Amer. Journ. Med. Scien.*, from *Lond. and Edin. Month. Journ. of Med. Sci.*, Dec. 1842.

Asthenic Amaurosis cured by the use of convex Spectacles.—Taking a hint from certain quack vendors of spectacles, Dr. Cunier, of Brussels, has made trial of the effects of convex glasses, in what he terms *cases of simple anæsthesia of the retina*, and with a considerable share of success. The influence of the light, directed upon the retina by such glasses, appears beneficially to excite the sunken sensibility of the optic nerve.

A lady, whose case he relates, could not for eight years

without difficulty distinguish with her left eye the large characters forming the title of a newspaper; could not tell the hour on the clock, unless her eye was within two inches of the hands, nor distinguish the feature nor the figure of a person at the distance of two feet. If the right eye was covered, the left pupil became dilated, and remained so.

Glasses, whether concave or convex, ought always to be distinguished by their focal lengths, and not by numbers. As Dr. Cunier employs the latter mode, we are at a loss to know the precise power of No. 3, with which the patient could read a large type with her left eye, but probably it was a convex lens of three inches focus. After exercising the eye with this lens for some minutes, vision became confused and the head painful, so that the patient was obliged to desist. Next day she could with No. 3½, and on the third day with No. 4. The duration of this kind of exercise was gradually lengthened, and glasses of longer and longer focus employed. By the tenth day, the patient read the hour on the clock at the distance of 22 inches, and recognised individuals at double that distance. By the seventeenth day of the treatment, No. 24 was employed, and the patient could read small type. After two months use of No. 24, the sight of the left eye was as good as that of the right.

Several other successful cases are related by Dr. Cunier.—*B. and F. Med. Rev.*, from *Annales d'Oculistique*, May, 1842.

Structure of the Arteries.—After a variety of conflicting and unsatisfactory accounts, Henle seems at length to have discerned such structures in the arteries as are adapted to the functions which experiment shows to be performed by them. His account of the general structure is briefly this:

1st, They have an epithelial lining, consisting of a very thin layer of elliptic or rhombic lameller cells, which are sometimes elongated into longitudinal spindle-shaped fibres.*

2d, There is, immediately external to this, a layer of peculiar tissue, the *striated* or *fenestrated* coat (corresponding to

* Remak and Reichert (Muller, Archiv. 1841, CLXXXVIII), hold, that these are not the innermost cells of the vessels, but that within these, and in actual contact with the blood, there is a layer of flattened, round, and polyhedral cells, with round, yellowish nuclei and nucleoli. On all these observations by Henle, see Reichert's remarks.

the *internal* coat of the older anatomists), consisting of a very thin, rather stiff, and brittle membrane, often perforated by numerous round or oval apertures, and bearing pale, flat, very narrow fibres, which have, for the most part, a longitudinal direction, and give it a peculiar delicately-striated appearance. This coat, which is often morbidly thickened, and when an artery is contracted, is commonly thrown into longitudinal folds, is produced by a metamorphosis of the epithelium, whose cells, as their nuclei disappear, coalesce and form a homogeneous membrane, on which the fibres are afterwards deposited, and which at last, as the apertures in it enlarge, is completely removed, leaving the fibres free.

3d. In some arteries there is, next, a coat formed by a single layer of *longitudinal* granular *fibres*, flat and tolerably wide, analogous to a coat which is much more prominent in the veins.

4th. A coat composed of *circular fibres* (the *middle* or *elastic* coat of most foreign writers, the *muscular* coat of Hunter), which forms the chief part of the arterial wall, and comprises all that can be torn from it in a transverse direction. Its fibres are flat, clear, and granular, and break with abrupt ends. Each of them is commonly marked along its middle by dots scattered, or regularly arranged in a longitudinal row, or by a narrow streak: these are the remains of elongated nuclei, which have formed, as it were, the pattern, according to which the homogeneous membrane in which they lay has broken up into the flat fibres. The streaks formed of the elongated nuclei often branch and anastomose, so as to form that kind of net work which has led to this coat being mistaken for elastic tissue; whereas it is, in fact, the proper contractile coat of the artery, and is, in all respects of development and microscopic structure, similar to the layers of organic muscle in the stomach, &c.

5th. On its exterior there is a coat of genuine elastic tissue (*tissu jaune*, the *elastic coat* of Hunter): this exists, however, only in the larger arteries; and its thickness, in comparison with that of the preceding, diminishes in direct proportion to the size of the artery. The direction of its fibres varies greatly in different arteries.

6th, The *external cellular coat*, consisting of common cellular tissue, with longitudinal closely-woven filaments.—***Med. Ex.***, from ***Lond. Med. Gaz.***

On Fatty Degeneration of the Arteries, with a Note on some other Fatty Degenerations. By GEORGE GULLIVER, F. R. S.—The author, remarking how vaguely the epithets, atheromatus, steatomatous, &c., have been applied by pathological writers to diseased arteries, and that the morbid deposit between the middle and inner coats, and in the substance of the former, has not, as far as he knows, yet been submitted to precise examination, gives the result of his own observations, from which it appears that the disease is really of a fatty nature. A microscopic examination of it brings into view a multitude of crystalline plates, fatty globules, with albuminous and earthy particles. Several specimens of the crystals were sent for examination to Dr. Davy, who ascertained that they are of cholesterine.

The fatty matter is easily extracted by boiling alcohol, and the chrystals of cholesterine are seen to be deposited as the solution cools. The author has examined numerous specimens of the disease, and never failed to observe these crystals and the fatty globules in the deposit, and also generally in the substance of the altered middle coat. The microscopic characters are given in two figures.

The accuracy of Dr. Davy's observations (see his "Researches, Phys. and Anat.," vol. I., pp. 372 and 436) as to the thinning, &c., of the middle coat of the artery, is confirmed by Mr. Gulliver.

The importance of fatty degeneration of the coats of the arteries is insisted on, especially as to its general connection with thickening and puckering of the inner membrane, with aneurism, with obstruction, occlusion, or ossification of the vessels, and of those ruptures of them which are so frequently the cause of sudden death.

The author adds, that fatty degenerations are more common and of more importance than has yet been supposed. He mentions obstruction, by fatty particles, of the seminal tubes; and notices fatty degenerations of the blood, lungs, &c. The disease he describes as being more remarkable in "brown consolidation" of the lungs than in red consolidation; and these two diseases are described as affording distinct morbid products.—*Med. Ex.*, from *Provincial Med. Journ.*, March 18, 1843.

Introduction of Air in the Veins.—The "Annales de la Chirurgie Française et Etrangère" contain a communication, by Marchal de Calvi, on the introduction of air into the veins,

in the course of which he offers a new explanation of the cause of death produced thereby. The opinion that it depends on the distension of the heart, by which its contractions are prevented, is, he admits, supported by the experiments of Nysten with the different gases, but he says it does not explain those cases where the death is so frightfully sudden, as if the patient had been struck by lightning, and which resembles the immediate effect of a poisonous dose of prussic acid. In these cases there must be, he thinks, some toxic agent, and then arises the question, what is that agent? Hitherto to this there has not been offered any reply, but Marchal thinks he has found the answer, by discovering the presence of carbonic acid gas in the heart, which he is of opinion is disengaged every time air is introduced into it through the venous system. In this he is supported by the appearance of the blood in the pulmonary cavities of the heart, which, instead of being black, is red, it having been decarbonised by the contact with the atmospheric air, the oxygen of which has combined with its carbon, and formed the carbonic acid gas, to the action of which Marchal refers the death of the patient; and again, if, in performing experiments on this subject, the operator breathe through the tube into the vein, instead of injecting the purer air around him, the fatal effect will be much more rapidly induced, there being carbonic acid gas already generated in the injected fluid. The experiments of Nysten, however, with carbonic acid gas and oxide of carbon do not support this hypothesis.—*Med. Examiner*, from *Provincial Medical Journal.*

Dry Feet.—Capt. John Norton writes thus to the editor of the London Lancet.—After having tried many ways to prevent my boots or shoes from becoming damp by walking the streets in wet weather, I find that a thick varnish, made of shell-lac, dissolved in spirits of wine, and spread, with a brush, on the inside of the shoe, all over the sole, and about half an inch on the upper leather, so as completely to cover the seams, will effectually preserve the feet dry, although the sole of the boot or shoe be less than a quarter of an inch in thickness. This varnish will not soil or adhere to the stocking, even when the feet become heated from much exercise. I have tried this means for some months, and after experien-

cing the good results, make this communication in the hope that the knowledge of it may prove of general benefit.

Effects of Arsenic upon Sheep.—Danger and Flandin, who have performed many experiments with the view of determining the real extent of the poisonous influence manifested by arsenic on wool-covered animals, announce the following as among the latest results obtained by them: A sheep poisoned by a quantity of arsenic inserted under the skin, died in five days. To the last moment it had refused all kinds of food, and the quantity of arsenic in the urine had progressively increased. Another sheep, poisoned by a dose of an ounce of arsenic mixed with a handful of salt (the stomach was probably otherwise empty, though this is not stated), died, as the foregoing, on the fifth day afterwards. It was ill from the moment of having taken the poison, and, like the other sheep, it continued from that time to refuse all nourishment. This last experiment, if performed under the conditions we have above hinted at, would tend strongly to confirm Rognetta's theory that arsenious acid becomes harmless to ruminating animals by being involved in a great quantity of food, and its absorption being thereby hindered. One of the most important deductions drawn by Danger and Flandin from their late experiments is, that the public health is not endangered by the sale of mutton from animals to which arsenic had been some time before administered for the cure of disease: for the presence and continuance of arsenic in the system is readily detected; first, by reason that the animals become ill, however small the quantity of arsenic absorbed; and, secondly, that they have never become well again till the last vestiges of the poison have been eliminated by the kidneys and other excretory organs.

1. The sheep that survived after taking four drachms of arenious acid, having been killed on the thirty-eighth day after, no part of the carcase was found, on the autopsy, to contain a single appreciable trace of arsenic. A dog to which the viscera were given to eat exhibited not the slightest sign of illness, nor could arsenic be detected on analysis either of its fæces or urine; and six persons who partook of the muscular fibre as food lived on it for twelve days without feeling any inconvenience or symptom distinguishing it from meat of other descriptions. 2. The dog that ate the viscera of three

poisoned sheep did not experience fatal results, and when killed on the ninth day from the reception of this food, exhibited a healthy internal appearance, without any trace of arsenic whatever, the entire poison having passed off in the urine during the six days immediately following the introduction of the poison into the system. The comparative harmlessness of the poison on the dog, as compared with the sheep, may be accounted for from the far smaller extent (about one-fifth) of the intestinal canal, as well as the much greater muscularity of the tissues connected with the digestive organs of the carnivorous animals: these causes render the digestion, absorption, and the secretions generally much more active in the dog than the sheep.—*Lond. Lancet*, from *Gazette des Hôpitaux*.

Employment of Muriate of Ammonia in Scirrhus of the Stomach.—The above salt having been administered by German practitioners with decided benefit in cases of induration and degenerescence of the bladder, prostate gland, &c., Trusen was induced to employ it in the following instances:

Case 1.—A man, thirty years of age, accustomed to a sedentary life, and the too great use of alcoholic liquors and strongly spiced aliments, had evidently contracted a scirrhous disease of the pyloric extremity of the stomach. For some months, vomiting, with violent heartburn, &c., had always come on from three to four hours after taking food. Ordered, ammon. hydrochl. fifteen grains, every two hours, combined with extract of liquorice. In a short time digestion was performed better, and the appetite restored. Care and abstemiousness in diet were enjoined, and at the end of a six months' persistence in the use of the medicine, the vomitings ceased entirely. A clogged state of the stomach, from superabundance of mucus and habitual constipation, were removed by a six weeks visit to the muriated-chalybeate springs of Cudova, and the man subsequently regained perfect health.

Case 2.—A man of age, and sedentary habits, similar to the foregoing, had been for some time affected with arthritis, &c., on the removal of which he began to be subject to an invariable rejection of the whole of his food a few hours after it had been taken, accompanied by atrophy and emaciation. He entered, however, upon the use of muriate of ammonia in drachm doses (!) which he continued for seven months,

when his vomitings had wholly and permanently disappeared.

The system of the patient soon adapted itself without inconvenience to the above large doses of the remedy, which were taken in infusion of ginger.—*Lond. Lancet*, from *Hufeland's Journal* and *Gaz. des Hôpitaux*.

The Physicians of Dantzic Sixty Years Since.—These reverend gentlemen enjoyed the title of excellency, and not only in their own houses and from their own servants, but in society generally; only very intimate friends could sometimes venture on a respectful "Herr Doctor." Their head was covered with a snow-white, powdered, full-bottomed periwig, with three tails, one of which hung down the back, while the others floated on the shoulders. A scarlet coat embroidered with gold, very broad lace ruffles and frill, white or black silk stockings, knee and shoe buckles of sparkling stones, or silver gilt, and a little, flat, three cocked hat under the arm, completed the toilette of these excellencies. Add to this a pretty large cane, with a gold head, or mermaid carved in ivory, upon which, in difficult cases, to rest the chin—and certainly every one will admit the impossibility of so much as thinking of an innovation in their presence.—*Lond. Lancet*, from *Edin. Review*, Feb. 1842.

Improved Treatment of Hydrocele.—It need scarcely be recalled to mind that in the operation for hydrocele, after the serum has been discharged through the canula of the trocar, it is usual to inject an irritating fluid in order to induce an adhesive inflammation in the parietes of the tunica vaginalis. The inflammation somewhat subsides after about the fifth day; but a month commonly elapses before the whole quantity of the injected fluid is absorbed and a cure effected. On this somewhat tedious course of practice Lisfranc has made the following improvement:—On the sixth day after the use of a vinous injection, he makes a second puncture, for the purpose of emptying the tunica vaginalis of all the accumulated liquid, thus sparing nature the task of its absorption; and by these means he alleges that a cure can be completed in less than half the time occupied by the usual method.—*Lond. Lancet*, from *Bulletin de Thérapeutique*.

Spermatozoa Observed a Second Time within the Ovum.—[By Martin Barry, M.D., F.R,SS. L. & E.]—Several months since I communicated to the Royal Society the fact that I had observed, and shown to Professor Owen and others, spermatozoa *within* the mammiferous ovum. The ova were those of the rabbit, taken twenty-four hours *post coitum* from the Fallopian tube.

I have this day (March 31) confirmed the observation; several ova from the Fallopian tube of another of these animals, in a somewhat earlier stage, having presented spermatozoa in their interior, *i. e.* (as the first observation) within the thick transparent membrane ("*zona pellucida*") brought with the ovum from the ovary.—*London Lancet.*

A Colony of Seven Hundred Lunatics.—At the late sitting of the French Academy of Sciences a paper on Insanity was read by its author, Moreau, one of the physicians present. The chief object of this pamphlet is to recommend the adoption in France, as regards pauper lunatics, of the plan resorted to in Belgium.

Moreau states that in the village of Gheel, in that country, there is a colony of not less than seven hundred lunatics, who are treated upon so admirable a system that they are perfectly harmless, and live and labor with the same inhabitants, whose habits they acquire, and to which they become quite so attached that when cured they are frequently unwilling to quit the place. These lunatics are made useful in agriculture and manufactures, and consequently their cost is small as compared with that of ordinary lunatic asylums. The origin of this colony dates so far back as the sixth century, and is another verification of the old adage that there is nothing new under the sun! The mode of treating the lunatics at Hanwell, near London, was considered, when first put in practice, as a novelty, and yet it is nothing but Gheel practice imperfectly carried out. It is only surprising that this improved mode of treatment should have been deferred so long in England; and it is now evident that it is capable of great extension in its application. Within the last few years only, in that country, medical men have ascertained the possibility of so classing and occupying lunatics as to render even the most violent of them comparativeiy tranquil, and thus facilitating the curative process. For chains, whips, and other means of

coercion, kindness and intelligence on the part of the keepers have been substituted, not only at Hanwell, but also at the Bethlehem Asylum.

Researches on the Blood.—A late treatise by Andral, Gavaret, and Delafond, on the condition of the blood in animals in health and in disease, contains the following statements: The quantity of fibrin normally present in the blood differs greatly in different animals, and holds no strict relation to energy of constitution. The quantity of fibrin is very small in the blood of animals examined within a day after their birth. During the latter period of gestation the fibrin of the blood diminishes to below its normal amount; but immediately after parturition and during the early period of lactation the blood contains its largest proportion of fibrin, and puerperal diseases are apt to occur correlatively with its amount. The blood-globules exist proportionally in greater quantity in the blood of carnivorous, and in least quantity in that of herbivorous animals. The greater proportion of globules in the blood is correlative with greater constitutional vigour in individuals of the same species; and improved breeds of sheep are distinguished by an increase in the number of these globules. During gestation, after parturition, and within a day after birth, the globules are diminished or increased correlatively with the fibrin. The serum of the blood is in smallest proportional amount in carnivorous animals, and most abundant in the herbivora. It accrues considerably during the occurrence of pot-belly (*cachexia aqueuse*) in sheep, conjointly with a notable decrease of the fibrin and globules. Dropsy only supervenes as a consequence of an alteration in the blood, when this fluid is divested of a certain quantity of its albumen. The diminution of the blood-globules alone is not sufficient to produce it; hence dropsy is not attendant on chlorosis. But it exists in man when albuminous urine is excreted, and in sheep when the parasite *fasciola hepatica* is found in the liver, a circumstance which is often attended by pot-belly and anemia.—*Lond. Lancet*, from *Gaz. des Hop.*

Vaccine lymph from the pustules produced by Tartarized Antimony.—In concluding the interesting and important subject of vaccination, and the consideration of the de-

fences against small-pox, I may mention a singular statement made by Dr. Lichtenstein, and published in Hufeland's Journal for 1841. The paper in which this statement occurs is entitled, "On the Sources from which Matter preservative against the Small-pox has been derived," and the author asserts that limpid lymph taken from the pustules produced by tartarised antimony and inoculated in a person who has not been vaccinated, occasions a pock that cannot be distinguished from vaccinia. These pocks, he states, are equally protective against small-pox, and the lymph may be transmitted from person to person in the same manner with cow-pox. Dr. Lichtenstein inoculated and reinoculated thirty-one persons from this source, and none of these persons took the small-pox, although they mingled freely with the infected during the epidemic prevalence of small-pox.—*Wilson's Lectures* in *Lond. Lancet.*

Renal disease Simulating Calculus in the Bladder.—Segalas reports that he was called to attend on a child, from four to five years of age, which often placed its hands on the genitals, and experienced frequent desire to pass urine, which action, however, was always performed with pain. The urine was tolerably abundant, and yielded a muco-purulent deposit. The acuteness of the various symptoms had been considerably increased during some recent attacks of roseola and bronchitis. These symptoms apparently indicated the presence of a calculus in the bladder; Segalas, however, doubted that one really existed, having never met with this disease in any children but those of parents in a much lower sphere of life than those of this patient; and a careful examination proved that no urinary calculus in reality existed. Some time afterwards the child died of a cerebral affection, and the body was opened. The bladder, as well as the urethra, was found perfectly healthy and free from urinary deposit; but the left ureter was much dilated, and the pelvis of the corresponding kidney three or four times larger than that of the opposite side. The calices also were enlarged, and the cortical substance of the kidney was inflamed at several points. The right kidney was healthy.—*Lond. Lancet*, from *Gaz. des Hôp.*, Jan. 7.

Electro-Puncture.—Schuster has lately addressed a paper to the French Academy of Sciences, to prove that electricity

is little serviceable in medicine unless it be applied through the means of acupuncture needles. Administered in this way, he asserts it may be employed with success against dropsies of all kinds, steatomatous and other tumours, engorgements and indurations (and perhaps cancer,) goitre, varicose dilatations, chronic rheumatism, paralysis, amaurosis, and perhaps aneurism. Electro-puncture acts, he says, by directly stimulating the sensibility, contractility, and absorbent function; in the formation of internal eschars, and the detraction, piece by piece, of diseased growths; in decomposing the fluid contents of tumours; in procuring external openings for matter, provoking adhesive inflammations, &c.; though some of these effects seem capable of production by the needles alone without the electricity.— *Lond. Lancet.*

The Rage for Invention.—Velpeau and Blandin have both deprecated the present mania for the invention of new surgical instruments in France, as if surgery were not already overladen with mechanical contrivance. Velpeau attributes this mania, which prevails mostly among young surgeons, to the ignorance of these youths as to what has been done before them; and he judiciously observes, that "it would be much better for them to study the capacities of the surgical instruments that at present exist than to invent others of which there is no need."—*London Lancet.*

THE WESTERN JOURNAL.

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TRAVELLING EDITORIALS.

We are frequently asked, whether the Western Journal is to be the vehicle of publication for the information we are collecting on the diseases of the West and South. To this we reply, that it is not; except when we can obtain manuscript communications, fitted by their authors for the press. Our design is to arrange and condense the whole into a separate work—a treatise—a book of home materials and home manufacture, intended for home consumption, and which, although it may be a homely production, will not be without its value to those for whom it is designed—the physicians of the country to which it relates, provided they communicate their observations freely, and have made them accurately.

Congestive Fever.

Since leaving the salubrious white sands of Pensacola Bay, whence we made our last communication, we have wandered among the tributaries of the Mobile—the great river of South Alabama, which is intersected with more navigable streams than any region we have visited. We have ascended the Alabama river four hundred

miles, to its origin in the confluence of the Tallapoosa and Coosa; traversed those rapid and beautiful tributaries, and peeped into their cypress swamps and drowned lands; crossed the pine table lands which separate them from each other, and from the Tuscaloosa and Tombeckbee, with the broad and annually inundated alluvions of those navigable rivers; dipped into the eastern edge of the State of Mississippi; and snuffed up the exhalations of swamps, *sloughs*, *slashes*, hammocks, ponds, lagoons and lagging streams, in sufficient numbers to supply malaria for a continent, and raise a smile of complacent satisfaction on the lip of every advocate of the malarious origin of congestive fever; a disease which prevails, with some inequality, throughout all parts of the region in which we have spent the last month. In their history of the symptoms of this celebrated fever, the physicians, with whom we have conversed, have displayed a remarkable degree of coincidence; but their treatment, although in the main substantially the same, has been somewhat variant. One fact is unquestionable, that its mortality is chiefly referable to its not being treated at an *early* period. It is then, like epidemic cholera, a manageable disease. Time is its great ally, and delay renders it incurable. This fact is perfectly understood by the people, and still they too often postpone a resort to the profession; the reason of which is, perhaps, that, in its onset, it very generally assumes the mask of a harmless intermittent.

Pneumonia.

As the fever of last autumn subsided, a dangerous pneumonia arose, and has not yet entirely ceased. Its greatest prevalence was in the latter part of winter, and in early spring. On the whole, it has been as fatal as the fever which preceded it, and its treatment still more diversified and doubtful. In addition to the mortality it has already effected, it has laid the foundation of much *chronic* pulmonary disease, if we may judge from the fact that we have casually met with several patients, whose lungs were more or less hepatized. Pneumonia is a more constant winter disease in these latitudes, than is generally supposed; but it has not before been so frequent and fatal; which should no doubt be ascribed to the extraordinary coldness of the past winter and spring.

Doctors, Calomel Doctors, and Botanical Doctors.

These are the varieties into which the people of "these parts"

have divided, and the terms by which they designate, the men to whom they look for relief.

We are happy to observe that the first are far the most numerous; and although not to a great extent educated in our *young* Medical Institute, but in the schools of Charleston, Philadelphia, and Lexington, have many substantial claims to professional respectability; and would have still more, if they planted less cotton. We may, however, write with a partial pen, for their hospitality has every where been so great, that its acceptance has left us little time to look into their defects. Of calomel doctors we have seen but few, and those few have lost so much of the true physiognomy of the *caste*, as scarcely to be recognized. But our readers may ask, who, or what is meant in Alabama by a calomel doctor? We reply, he is, or rather *was*, a regularly educated physician, who assumed that calomel was the *only* remedy for malignant autumnal fever, and would certainly cure, if administered to the extent of a couple of ounces a day. Some of their patients occasionally had a pound *avoirdupois* in their stomachs at one time. But we do not propose to go into details, for the practice now sleeps with its victims; and many who once pursued it with unrelenting energy, at present unite with their brethren in its reprobation. A similar account may be given of drastic purging. A gentleman assured us that he had, under the direction of a physician, weighed out and administered to a fever patient, 1700 grains of calomel, and 2400 grains of aloes; and a physician informed us that he had given to a patient of the same class, 600 grains of a compound of equal parts of calomel, rheubarb and aloes, for six successive days. At present, as little calomel is prescribed in this country as in any part of the union, and perhaps less cathartic medicine. The ill success of the calomel and aloes doctors, brought into favor the botanical or steam doctors, whose methods were certainly preferable. Thus it is that eccentricity favors the growth of empiricism. Of the practice of these patentees, it is not our purpose to speak; but we cannot refrain from expressing regret, that any members of the medical profession should so far forget themselves as to hold consultation with men who are not educated to it, and who misrepresent and traduce it among the people, while they draw from its magazines all the means they employ, and use them in a perfectly arbitrary manner. Nor can we approve of the disuse of an old remedy by regular physi-

cians, because it has been thus purloined and prostituted by reckless and unprincipled pretenders.

Electro-Magnetism.

In Tuscaloosa we were asked to look at a small electro-magnetic machine which an ingenious citizen of that place, Dr. Nelson Walkly, had constructed, and was applying to the cure of diseases. Dr. Walkly was an inquisitive and scientific mechanic, who turned his attention to medicine, which he studied for the purpose of making a systematic trial of electro-magnetism in the treatment of diseases. Within the last twelve or eighteen months, he has used it in chorea, epilepsy, neuralgia, palsy, chronic rheumatism, deafness, torpor of the liver with constipation, amenorrhœa, dysmenorrhœa, and several other complaints. Of his success and his failure, he gave us a detailed account, apparently with great candour; and we feel it a duty to say that he seems to have effected a cure, or afforded palliation, in several cases of those very intractable affections. It must certainly be admitted, that the profession has not yet made a full and fair trial of this agent, and we take great pleasure in commending Dr. Walkly's enterprise to the patronage of the physicians, and of the community in general, through this country.

Dipping.

The toilet-vocabulary of this country, has become enriched with the new and elegant word "dipping." A lady or a miss chews the end of a stick until she converts it into a kind of brush or fibrous mop, which she then proceeds to dip into snuff, with which she rubs her teeth and gums. At first she presses the powdered weed with a gentle hand, but becoming enamoured, at last touches so deeply as to consume a bottle of snuff in a week. Whole families and whole schools of girls are said, with a small number of cleanly exceptions, to be given to this method of titillating their nervous systems; and many, by the time they are full grown, have become so thoroughly impregnated with the powder, that their apparel might hang in a a hot room the whole summer, without being touched by the moths. We know of but two advantages from this habit. 1st. It may render them insensible to the breath of the other sex, who begin the use of tobacco with the study of grammar. 2d. It can be made a substitute for whiskey (now falling into discredit) by those who are in affliction. Thus we were told by a gentleman, that he lately saw a

mother seated at the bed side of her expiring son, with an open dish of snuff on the table among his medicines, into which she plunged her "dipper" as often as she sighed; and when the tears of grief rolled down her cheeks, they mingled with streams of snuff-colored saliva from the corners of her mouth. It seems hard-hearted to condemn a custom fraught with such comforts, but we are compelled to say that it is not without many opposing effects. In our inquiries into the diseases of the sex in the south, we have already collected satisfactory evidence, that "dipping" is the cause of some and an aggravation of many more. We might refer to its effect on their breath, complexion, and cleanliness, but this we shall leave in the hands of the gentlemen who are immediately interested.

Harmony in the Medical Profession.

Our present pursuits afford us considerable insight into the state of the profession, and reveal, among other things, the social concord and discord of its members, in the same town or neighborhood. We are happy to say, that, with very few exceptions, we have found our brethren, in this quarter, rather more harmonious than we have ever seen them in any other part of the union. This does not arise from boyhood associations, in a common native land, for the communities of Mississippi and Alabama are really new; and their physicians are emigrants from several states, chiefly Georgia, the Carolinas, Virginia, Tennessee, and Kentucky. It therefore speaks well of them as men. Nor is it the fear of being challenged, keeping them in formal courtesy; for duelling is almost unknown and unthought of among them. On the contrary, we are disposed to ascribe much of it to an influence which equally condemns discord and duelling—that of christianity, under which we have found a great number of the most respectable and influential physicians. It is delightful to contrast this, with the infidelity, intemperance, and profanity, which prevailed thirty years ago. *Esto perpetua.*

University of Alabama.—Geological Survey.—Medical Topography.

No class of men have a deeper interest in Universities for classical and scientific elementary education, than physicians; for the profession can never attain its proper elevation among the callings of society, till those who study are well established in all preparatory branches of learning; which, at the present time, is far from being the case.

While in Tuscaloosa, we made a visit to the University, which is seated a mile in the country, and were introduced to its respectable Faculty. Professor Brumby, to whom is confided chemistry, mineralogy and geology, took us to his laboratory which is amply supplied with apparatus, and then to the library and cabinet. The former embraces three thousand four hundred and seventy-eight volumes, of which about one hundred and thirty relate to the natural sciences, while more than five hundred are arranged under the head of religion, although there is no professorship of theology in the University. It is a fair presumption that but few of these books are read by the students, and the proportion which they bear to the works on natural history, the natural sciences, anatomy, physiology, and medicine, is by far too great; especially when we consider that Professor Brumby, with a laudable zeal, attempts to teach more of these branches than are included in the title of his professorship, and is diligently engaged in adding to the cabinet, all sorts of mineralogical and zoological specimens. The Professor has also, with others, exerted himself on the Legislature to have a geological survey of the State undertaken, but as yet without success. Whenever it shall be accomplished, Alabama will be found second to no State in the Union, in the interest she will raise in the mind of the fossil zoologist, the botanist, the mineralogist, and the political economist. The southern half of the State is entirely tertiary, and abounds in the clays, sands, marls, and organic remains of that series of formations; then comes an extensive coal group, and after that, in the centre and more northern part, a tract of older rocks, highly metalliferous, where iron and gold—the most useful and the most precious of metals—have been already found in abundance. The flora of Alabama is equally rich and diversified with its geology, and comprehends, in great abundance, a variety of plants, useful in medicine and the arts, which might be made articles of exportation. Specimens of all its geological formations, with their organic remains and imbedded minerals; its plants and its animals, including those of its sea-shore; with analyses of its mineral waters, ought to be collected, and systematically arranged and preserved, in its State University. In the prosecution of this important enterprise, its medical topography would come to be understood, and means of improving the salubrity of unhealthy localities suggested. Were the University thus enriched, its ample endowment of $18,000 *per annum*, would enable the

trustees to render it one of the most respectable institutions of learning and science in the Union; instead of dragging on with seventy-nine pupils, the present number. The sons of Alabama would then flock to it, and become enamoured with science, devoted to the study of their native land, and think of other and nobler things, in connexion with their native plains and hills and vallies, than mules and cotton.

Hernando de Soto.—First Alabama Surgery.

Travelling for the last month in the very region where De Soto, more than three hundred years ago, performed his wildest wanderings, we may be excused for referring to them. Entering the basin of Mobile river from the N. E., he struck the Tallapoosa, high up, and descended that river to the present Tallassee. Coming down upon the Alabama river, he fought the famous and ill-fated battle of Manvilla, about the junction of that river with the Tombeckbee, as some antiquaries conjecture, but obviously much higher up; whence he turned northwardly, and crossing the Tuscaloosa and Tombeckbee, proceeded towards the Mississippi river, in which he was finally buried. After the bloody battle of Manvilla, there were seventeen hundred wounds to be dressed. All the medicines and surgical *appareil* were burnt up; there was but one surgeon in the army, and he was inactive and inefficient. In this extremity, they made ointments of the fat of the dead Indians that lay around them; tore up their shirts for bandages; and enveloped the wounded limbs in their doublets; supporting the sick on broth made from the flesh of the slaughtered horses. Such was the first surgery on the banks of the beautiful Alabama, whose waters, after having long since washed away every vestige of Spaniard and Manvillian, continue to flow on, as pellucid as if they had never been dyed in blood.

Greensboro', Ala., May 20, 1842. D.

NEW WORK ON SOUTHERN DISEASES.

It gives us pleasure to learn that our correspondent, Dr. Dowler, of New Orleans, has quite ready for the press, a work on the diseases of the South, referring chiefly to fevers, bowel complaints, &c. From what we know of Dr. Dowler, we anticipate a production of much value, and shall look for its appearance with a good deal of interest. C.

ARMY MEDICAL BOARD.

A Board for the examination of such assistant surgeons as may be ordered to appear before it, and such applicants for appointment in the medical staff of the army as may be invited to attend, will convene in the city of New York on the first of July. The Board will consist of Surgeons Thomas G. Mower, Henry A. Stinnecke, Charles S. Tripler, and Assistant Surgeon, J. B. Wright, as supernumerary and recorder. C.

ST. LOUIS HOSPITAL REPORTS.—ST. LOUIS MEDICAL AND SURGICAL JOURNAL.

When our first article went to press, we hoped and believed that it was but the first of a series from the pen of Dr. Linton. Since that time, however, we have received the first and second numbers of the *St. Louis Medical and Surgical Journal*, edited by Dr. Linton. Of course his pen will hereafter be devoted to the enriching of the columns of his own Journal. The latter is a monthly of sixteen octavo pages, good paper, fair type—our only regret at its appearance is its depriving us of an old and valued correspondent. C.

MEDICAL JOURNAL IN HAVANA.

Our readers may not all know that the profession in the island of Cuba has an organ, through which its members communicate with each other and with their brethren abroad. We have recently received, in exchange, the "*Repertorio Medico-Habanero*," published, as its name imports, at Havana, in the Spanish language. "The "Repertorio" is a semi-monthly, of sixteen large octavo pages, double columns; Dr. Gutierrez is the chief editor, or "Director," assisted by Drs. Miranda, Lanuza, Costales, and Chamorro. A large part of its contents is original, and it seems to be conducted with considerable spirit. In one of the numbers received by us, we observe a very flattering notice of Professor Gross' "Elements of Pathological Anatomy." C.

INDEX TO VOL. VII.

A

Abnormal nutrition, 376
Abolition of a rule in medical graduation, 68
Abscess in the walls of the uterus, 307
Air, introduction of, into the veins, 460
Alabama, University of, 473
Alabama, first surgery of, 475
Amputation at the shoulder-joint, 405
Amaurosis, asthenic, cured by convex spectacles, 457
Ammonia in scirrhus of the stomach, 463
Ammonia in hemicrania, 227
Analysis of the menstrual fluid, 59
Anatomical injections, new process for, 295
Aneurism, false, variety of, 283
Animalculæ, revivification of, 59
Animals and man, sleep of, 233
Anonymous pamphleteers, 319
Antidote for corrosive sublimate, 230
Arkansas, medical topography of, 321
Army medical board, 476
Arsenic, effects of, on sheep, 462
Arteries, fatty degeneration of, 460
Arteries, structure of, 458
Artificial anus, 316
Assault on the temperance reform, 398
Asphyxia producing pneumonia, 422

B

Ballard's case of pericarditis, 329
Bars on steamboats, 238
Barton, Dr., removal of, to cuba, 313
Bayless on pneumonia, 422
Bay of Pensacola, 393
Bed and banks of the Mississippi, 237
Bed-sores, nitrate of silver in, 386
Bites of snakes, 65
Blind, school for, 77
Blood, researches on, 466
Botanical doctors in the south, 470
Buboes, primary, 456
Bursa, patellar, operation for, 229

C.

Calculus of the bladder simulated, 467
Calomel and botanical doctors, 470
Cæsarean operation on a dwarf, 340
Caries of the teeth, cause of, 297
Cases and observations, miscellaneous, 332
Cases of tardy fecundity, 408
Cathartics in retention of the placenta, 345
Causes and treatment of goitre, 456
Chancres, treated by sulphate of copper and cyanuret of mercury, 385
Charity Hospital, New Orleans, report of, 159
Chigoe or Gigger, 301
Children, new-born, signs of maturity in, 61
Churchill on diseases of females, 281
Climate, &c., of Central Arkansas, 321
Climate of New Orleans, 240
Climate of the United States, by Forry, 142
Colic from lead, prevention of, 297
Colony of lunatics, 465
Congestive fever, 412, 469
Congenital small-pox, 391
Consequences of introduction of glass into the body, 286
Consumption in man and animals, 381
Contusions of muscles, 302
Convention, Medical, of Ohio, 315, 429
Communication of pulmonary veins and air vesicles, 371
Cornea, peculiar affection of in nurses, 61
Corpora lutea, 60
Correspondents, notice to, 79
Corrosive sublimate in erysipelas, 72
Corrosive sublimate, new antidote for, 230

Crooked nose cured by subcutaneons division of cartilages, 231
Cubebs, cases of poisoning from, 357
D
Deafness cured by the endermic use of morphia, 54
Death of Tiger-Tail, 315
Death from diseased ear, 288
Deposits of tubercular matter in the bronchial glands, 380
Diagrams, surgical, 158
Digestion, researches on, 365
Dipping, 472
Discovery of the true cause of Milksickness, 73
Diseases, climate, &c., of Little Rock, 321
Diseases of females, by Churchill, 281
Diseases and temperature of 1842, 64
Diseases of the throat in public speakers, 66
Diseases, western, 236
Diseases of the eye, by Lawrence, 427
Doctors, calomel doctors, and botanical doctors, 470
Dowler on post-mortem researches, 241
Dropsy of the os uteri, 392
Drummond's Ricord on venereal diseases, 426
Dry feet, 461
E
Effects of arsenic upon sheep, 462
Electro-magnetism, 472
Electro-magnetism in a case of poisoning, 357
Electro-puncture. 467
Encephalo-spinal meningitis, 290
Endermic use of morphia in deafness, 54
Engorgement of the uterus, 225
Enlarged patellar bursa, operation for, 229
Existence of lymphatics in pseudo-membranes, 384
Explosions of steamboats, 240
Extraordinary case of pericarditis, 329
F
Falconer's Cæsarean operation, 340
False aneurism, variety of, 283
Fatty degeneration of the arteries, 460
Fecundity, tardy, cases of, 408
Feet, how to keep dry, 461
Females, Churchill on diseases of, 281
Fever, congestive, 412, 469
Fluid, menstrual, analysis of, 59
Forceps, galvanic, 292
Forry on the climate of the United States, 142
Forts at Pensacola, 394
G
Galvanic forceps, 292
Geological survey of Alabama, 473
Gigger or Chigoe, 301
Glanders in man, cure of, 388
Glass in the body, consequences of, 286
Goitre, causes and treatment of, 456
Goulding on the medical topography of Central Arkansas, 321
Graduation, medical, abolition of a rule in, 68
Gross on the nature and treatment of wounds of the intestines, 1, 81, 161
H
Harmony in the medical profession at the south, 473
Havana Medical Repertory, 476
Hay's Lawrence on the eye, 427
Hemicrania, muriate of ammonia in, 227
Hemp, Indian, 386
Hemorrhagic diathesis, treatment of, 53
Hernando de Soto, 475
Hospital at Pensacola, 394
Hospital liquors, waste of, 398
Hospital reports, St. Louis, 401, 476
Hydrophobia, idiopathic, 227
Hydrocele, improved treatnent of, 464
I
Idiopathic hydrophobia, 227
Indian hemp, 386
India-rubber life-preservers, 239
Infants, nursery treatment of, 293
Injections, anatomical, new process for, 295
Intestines, memoir on wounds of, 1, 81, 161
Introduction of air into the veins, 460
Invalids, winter resort for, at Mammoth Cave, 78
Invalids, winter and spring visits of, to New Orleans, 314
Invention, rage for, 468
Iodide of potassium in atonic ulcers, 299
Iron, protosulphuret of, new antidote for corrosive sublimate, 230
Itch, treatment of, at Berlin, 231
L
Lancet, New York, 320
Latent insanity, 311
Lawrence on the eye, 427
Lawrence on ruptures, 428
Life-preservers, 239
Lithotomy on a man seventy-eight years of age, 78
Litton and Schnederman, on a new double salt, 154

Little Rock, Goulding on climate and diseases of, 321
Local treatment of chancres by sulphate of copper and cyanuret of mercury, 385
Louisiana, Medical College of, 314
Louisville Medical Institute, 316
Lunatics, colony of, 465
Luxation of the patella on its axis, 375
Lymphatics in false membranes, 384

M

Mammoth Cave, winter resort for invalids, 78
Materia Medica, Paine's therapeutical arrangement of, 237
Maturity in new-born children, signs of, 61
Medical College of Louisiana, 314
Medical Convention of Ohio, 315
Medical convention of Ohio, proceedings of, 429
Medical graduation, abolition of a rule in, 68
Medical resignation, 320
Medical topography of La Plata, 299
Medical topography of Central Arkansas, 321
Medical board of the army, 476
Medical and Surgical Journal in St. Louis, 476
Medical Journal in Havana, 476
Medical topography of Alabama, 473
Meningitis, 290
Menstrual fluid, analysis of, 59
Mercury, cyanuret of, in chancres, 385
Meteorology, 63
Meum and Teum, 317
Microscopic animalculæ, revivification of, 59
Milksickness, northern limits of, 65
Milksickness, true cause of, 73
Miscellaneous cases and observations, 332
Miscellaneous notices, 80
Mississippi river, bed and banks of, 237
Mississippi river, winter temperature of, 240, 314
Muriate of ammonia in scirrhus of the stomach, 463
Muscles, contusions of, 302
Muscles, syphilitic retraction of, 296

N

Naval hospital at Pensacola, 394
Navy ration, 397
Navy surgeons, 395
Navy yard at Pensacola, 394
New Orleans, climate of, 240
New process for anatomical injections, 295
New remedy for scalds and burns, 58
New work on southern diseases, 476
Nitrate of silver in bed sores, 386
Northern limits of milksickness, 65
Notices, miscellaneous, 80
Nursery treatment of infants, 293
Nutrition, abnormal, commonly called inflammation, 376

O

Objections to Liebig's theory of the uses of respiration and food, 51
Ohio medical convention, 315
Operation for enlarged patellar bursa, 229
Operation, Cæsarean, on a dwarf, 340
Os uteri, dropsy of, 392
Ovum, spermatozoa observed in, 465

P

Paine's materia medica, 237
Pallen on congestive fever, 412
Pamphleteers, anonymous, 319
Patellar bursa, operation for, 229
Patella, luxation of, 375
Percussion, 54
Pericarditis, Ballard's case of, 329
Phloridine, 52
Physicians of Dantzic sixty years since, 464
Pneumonia in the winter of 1841. 1842, 65
Pneumonia, the pure antimonial cure of, 368
Pneumonia produced by asphyxia, 422
Poisoning by snails, 357
Poisoning, case of, treated by electro-magnetism, 357
Population getting shorter, 306
Post-mortem researches, 241
Potassium, iodide of, in atonic ulcers, 299
Presumption of survivorship, 352, 442
Prevention of lead colic, 297
Primary syphilitic buboes, 459
Process for anatomical injections, 295
Proceedings of the medical convention of Ohio, 429
Professional correspondents, notice to, 79
Progress of temperance, 79
Proto-sulphuret of iron, new antidote for corrosive sublimate, 230
Pseudo-membranes, lymphatics in, 384
Public speaking, 312
Public speakers, throat-diseases of, 66
Pulmonary veins and air vesicles, communication of, 371
Pulmonary consumption in man and animals, 381

Q

Quadrupeds of North America, 318

Quinine in typhus, 386
Quinine in intermittent and remittent fevers, 390
Quinia, salts of, 286

R

Rage for invention, 468
Reform, temperance, assault on, 398
Remedy for scalds and burns, 58
Removal of Dr. Barton to Cuba, 813
Renal disease simulating vesical calculus, 467
Report on the New Orleans Charity Hospital, 159
Reports of the St. Louis Hospital, 402
Researches on digestion, 365
Researches, post-mortem, by Dowler, 241
Researches on the blood, 466
Retention of placenta, cathartics as a remedy for, 345
Retraction of muscles after syphilis, 296
Revivification of microscopic animalculæ, 59
Ricord on venereal diseases, 426
Robertson on caries of the teeth, 297

S

Salts of quinia, 286
Saturated solution of corrosive sublimate in erysipelas, 72
Sawyer's miscellaneous cases and observations, 332
Scalds and burns, new remedy for, 58
School for the blind, 77
Scirrhus of the stomach, muriate of ammonia in, 463
Sheep, effects of arsenic on, 462
Shoulder-joint, amputation of armat, 405
Signs of maturity in new-born children, 61
Sleep of animals and man, 233
Snake-bites, 65
Southern diseases, new work on, 475
Spectacles, convex, in amaurosis, 457
Spermatozoa observed in the ovum, 465
Spinal marrow, tubercular disease of, 310
Steamboat bars, 238
Steamboat explosions, 240
Structure of the arteries, 458
Submarine thermometer, 285
Sulphite of the protoxide of platinum and sulphite of soda, a new double salt, 154
Surgeons in the Navy, 395
Surgical diagrams, 158
Survivorship, presumption of, 352, 442
Syphilitic retraction of muscles, 296
Syphilitic buboes, primary, 456
System of anatomy, by Wistar, 282

T

Tellkampf's case of amputation, 405
Temperance, progress of, 79
Temperance reform, assault on, 398
Temperature of the Mississippi in winter, 240, 314
Temperature and diseases of the year 1842, 64
Teeth, Robertson on caries of, 297
Tertiary formations, 238
Thermometer, submarine, 285
Therapeutical arrangement of the materia medica, 237
Throat disease of public speakers, 66
Tiger-Tail, death of, 315
Todd on cathartics in retained placenta, 345
Topography of Central Arkansas, 321
Topography of La Plata, 299
Travelling editorials, 235, 313, 393, 469
Treatment of uterine hemorrhages, tabular view of, 452
Treatment of hemorrhagic diathesis, 53
Treatment of infants in the nursery, 293
Treatment of itch at Berlin, 231
Treatment of nasal enlargement, 234
Treatment of pneumonia at Guy's Hospital, 368
Tubercular deposits in bronchial glands, 380
Tuberculous disease of spinal marrow, 310
Typhus, value of quinine in, 386

U

University of Alabama, 473
Use of cathartics in retained placenta, 345
Uterine hemorrhage, treatment of, 452
Uterus, engorgement of, 225
Uterus, dropsy of the mouth of, 392
Uterus, abscess in the walls of, 307

V

Vaccine lymph from the pustules produced by tartarized antimony, 466
Value of quinine in typhus, 386
Value of quinine in intermittent and remittent fevers, 390
Variety of false aneurism, 283
Veins, introduction of air into, 460
Venereal diseases, by Ricord, 426
Virey's objections to Liebig's theory of respiration, 51

W

Waste of hospital liquors, 398
West, diseases of, 236
Western meteorology, 63
Willoughby University of Lake Erie, 68
Winter and spring visits of invalids to New Orleans, 314
Winter temperature of the Mississippi, 240, 314
Wounds of the intestines, memoir on the nature and treatment of, 1, 81, 161